



LOCAL BOARD OF HEALTH
CITY OF CALGARY HEALTH DISTRICT

1978 ANNUAL REPORT



22501416848

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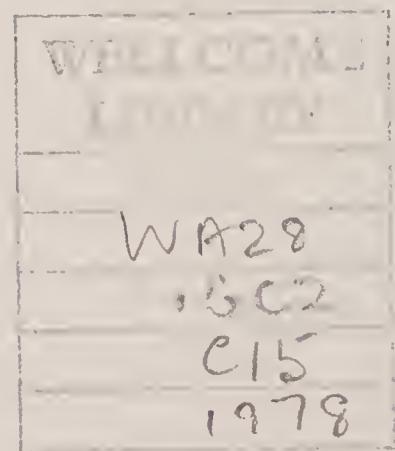


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INTRODUCTION

The population of the City of Calgary continues to expand, during 1978 by an amount of 3.6%, or 18,068 in actual numbers. By far the largest contribution to this increase is movement of people into Calgary, the natural increase representing only 5,651 of the total increase. The birth rate showed a fractional fall to a rate of 16.3 per thousand, while a similar small decrease brought the death rate to 5.1 per thousand. These figures follow the national trends, the death rate comparing favourably with the national rate.

For the first year for some time, the number of births recorded as being born out of wedlock fell. It remains to be seen whether this is a chance variation, its significance is difficult to interpret without information on the number of abortions carried out, and this is not a statistic that is reported to the Board.

The leading causes of death remain essentially unchanged. Last year, comment was made on the fact that in 1977 the infant death rate showed a sudden and quite marked improvement, the cause of which was not clear. In 1978 there has been a fractional loss of this improvement, the net infant death rate changing from 8.9 in 1977 back to 9 for 1978. This, however, maintains the improvement over previous years, and suggests that this may be a permanent gain.

The number of reported cases of infectious disease rose very markedly in 1978, and this was due in large part to an extensive epidemic of Rubeola. A detailed epidemiological study of this outbreak is being carried out; preliminary results suggest that there was a high proportion of atypical measles cases occurring in children previously vaccinated with a killed vaccine, and there was a significantly large proportion of children in the older age groups who were involved in this epidemic. It is hoped that a detailed report of this study will be available by the end of 1979.

In addition to the outbreak of Rubeola there was a significant increase in the number of cases of Rubella. It might also be noted that, although the overall number of cases remains small, Hepatitis B reported cases moved from 22 in 1977 to 40 in 1978, and there is thus a suggestion that this may increase as a problem in the future.

In last year's report it was possible to note that the Venereal Disease Notification had shown a slight fall for the first time for many years. Unfortunately, this improvement had not been maintained, and a very large up-swing has occurred in 1978. Even in the presence of an epidemic of Rubella and Rubeola, therefore, the Venereal diseases remain our commonest infectious disease, and there is little indication that current preventive measures are affecting this issue in any way.

Performance statistics in the individual programs are given in subsequent sections, and preceded by brief comments by the Director of each of these Divisions. One problem that has been noted during the preparation of this report is that we have had some difficulty with the statistics relating to the delivery of nursing services in the community. During this year a new computer recording system was introduced by the Provincial Authorities, and the Calgary Local Board of Health adopted this system and referred all its recorded activities to the central data handling facility. Due to some

difficulties with the program, some of the information was not available to us, and this has necessitated some changes in the tables which have been recorded in previous years. It may be noted, however, that in some compensation for this, we have had available some information which has not previously been on record.

During 1978 the Province of Alberta began to provide a very markedly increased amount of money for the support of Home Care Programs. As a consequence the Home Care Program of the Calgary Local Board began an expansion which, it is anticipated, will continue over the next several years. The statistics of this section will demonstrate that the intake of patients was increased quite markedly, and some additional staff members were recruited to deal with the enlargement of this Program. This expansion has represented a major change in the activities of the Board, and its successful promotion has been due very largely to the abilities and enthusiasm of the Director, Ms. Dawn Wigmore, and her colleagues.

In last year's report mention was made of the appointment of a Business and Facilities Manager, and the review of the Board's accounting and business office function that arose from this appointment. This process has continued throughout 1978, and has been combined with a review of the Board's premises. While no new District Offices were brought into service this year, an extensive volume of work was needed in planning for new clinics anticipated in the next few years. This is a task which will become of increasing importance as the Board's facilities are reviewed in accordance with the expansion of the geographic boundaries of the city.

As in past years, the quality of service provided to the public remains almost entirely dependant upon the interest, enthusiasm and skills of the members of the staff of the Board. The staff-population ratios remain inadequate for the full implementation of a modern program, but within the resources available the work of the staff has been reflected in the delivery of a large volume of high quality service.

I know that all members of the staff would wish me to acknowledge the continued co-operation which has continued between the Board and the staff of so many other agencies in the Health and Social Service field. This co-operation is fundamental to the delivery of service to the citizens.

It is a pleasure to again express to the Board of Health the thanks of all members of the staff for their continued support and guidance.

David J. Hosking
Medical Officer of Health

POPULATION GROWTH - CALGARY 1974-1978

<u>Year</u>	<u>Births Residents Only</u>	<u>Deaths Residents Only</u>	<u>Natural Increase Births Minus Deaths</u>
1978	8,255	2,604	5,651
1977	8,195	2,553	5,469
1976	7,997	2,528	5,469
1975	7,784	2,519	5,265
1974	7,263	2,439	4,824

OVER-ALL POPULATION INCREASE
VERSUS NATURAL INCREASE

<u>Year</u>	<u>Population Census</u>	<u>Over-All Increase</u>	<u>% Increase</u>	<u>Natural Increase Residents</u>	<u>±</u>	<u>Previous Year</u>
1978	505,637	18,068	3.6	5,651	+	9
1977	487,569	17,526	3.7	5,642	+	173
1976	470,043	16,231	3.6	5,649	+	204
1975	453,812	20,423	4.7	5,265	+	441
1974	433,389	8,602	2.0	4,824	-	27

MARRIAGES AND MARRIAGE RATES 1974-1978

<u>Year</u>	<u>No. of Marriages</u>	<u>Rate per 1,000 Population</u>
1978	5,211	9.7
1977	5,037	10.3
1976	4,874	10.7
1975	4,839	10.7
1974	4,716	10.9

LIVE BIRTHS BY AGE OF MOTHER AND BIRTH ORDER (INCLUDING CHILDREN BORN OUT OF MEDILOCK) - NON-RESIDENTS ONLY - 1978

		BIRTH ORDER										SETS OF TWINS			SETS OF TRIPLETS			
		1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th	11th	12th	13th	Unknown			
AGE OF MOTHER																		
10 - 14 Years	1															1		
15 - 19 Years	97	18	2													117	2	
20 - 24 Years	188	130	32	13	3											368	4	
25 - 29 Years	162	177	88	26	3	1	1									462	6	
30 - 34 Years	64	78	44	19	10	4	1					1				223	1	
35 - 39 Years	15	11	14	9	5	3	2					1	2			62	1	
40 Years & Over		1														6		
1978 TOTALS	528	414	180	67	21	9	5	1	1	1	1	1	1	1	1	1237	14	
1977 TOTALS (For Comparison)	488	349	170	49	19	12	5	1								7	1100	11

AGE OF MOTHER	BIRTH ORDER										SETS OF TWINS	SETS OF TRIPLETS	TOTALS
	1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th			
Under 15 Years	3												3
15 - 19 Years	608	103	10								4		725
20 - 24 Years	1534	894	194	31	4	2	1				23		2683
25 - 29 Years	1229	1212	448	100	23	7	1				25		3045
30 - 34 Years	366	580	343	135	45	11	2	1	1		19		1503
35 - 39 Years	55	68	63	41	15	6	1	2	1		5		257
40 Years & Over	5	7	5								2		39
1978 TOTALS	3800	2864	1063	315	93	28	7	5	2		78		8255
1977 TOTALS (For Comparison)	3757	2822	1142	302	82	34	19	3	2	2	1	29	8195
													78

CHILDREN BORN OUT OF WEDLOCK BY MOTHERS AGE AND BIRTH ORDER IN CALGARY - 1978

AGE OF MOTHER	BIRTH ORDER							TOTAL
	1st	2nd	3rd	4th	5th	6th	7th	
Under 15 Years								
15 - 19 Years	374	36	3					413
20 - 24 Years	222	105	34	12	4	1	1	380
25 - 29 Years	53	41	28	7	3	2	1	9
30 - 34 Years	2	11	10	6	6	2	1	1
35 - 39 Years	4	2	4	3	1	1	1	17
40 Years & Over					1	1		1
1978 TOTALS	655	195	79	28	15	7	4	2
1977 TOTALS (For Comparison)	675	198	83	39	17	15		2
								1029

VITAL STATISTICS

LIVE BIRTHS - 1974 - 1978

Year	Population	Births Incl. Non-Residents	Rate per 1,000 Population	Births Residents Only	Rate per 1,000 Population
1978	505,637	9,482	18.8	8,255	16.3
1977	487,569	9,295	19.1	8,195	16.8
1976	470,043	8,980	19.1	7,997	17.0
1975	453,812	8,697	19.2	7,783	17.2
1974	433,389	8,130	18.8	7,263	16.8

STILLBIRTHS - 1974 - 1978

Year	No. of Stillbirths Incl. Non-Residents	Rate per 1,000 Live Births Gross	Stillbirths Residents Only	Rate per 1,000 Live Births net
1978	74	7.8	59	7.1
1977	86	9.3	72	8.8
1976	80	8.9	65	8.1
1975	68	7.8	55	7.1
1974	63	7.7	53	7.3

MARRIAGES - 1978

The number of marriages performed in the City of Calgary in 1978 was 5,211. This represents a rate of 9.7 per 1,000 population.

DEATHS AND MORTALITY RATES - 1974 - 1978

Year	No. of Deaths Incl. Non-Residents	Rate per 1,000 Population	No. of Deaths Residents Only	Rate per 1,000 Population
1978	3,043	6.0	2,604	5.1
1977	2,989	6.1	2,553	5.2
1976	3,007	6.4	2,528	5.4
1975	2,992	6.6	2,519	5.6
1974	2,927	6.8	2,439	5.6

THE CHIEF CAUSES OF DEATH ARE:

1. Disease of the heart and circulatory system (Code No. A 80 to A 88) accounted for 1,053 deaths. Vascular lesions affecting the central nervous system (Code No. A 85) accounted for 265 deaths. = 1,318
2. Neoplasms of all forms (Code No. A 45 to A 61) = 710
3. Violent and accidental deaths (Code No. AE 138 to AE 150). = 283
4. Disease of the respiratory system (Code No. A 89 to A 96) i.e., Influenza, Pneumonia, Bronchitis, Emphysema, Bronchiectasis, etc. = 213
5. Disease of the digestive system (Code No. A 98 to A 104) i.e., Peptic ulcers, Hernia, Appendicitis, Cirrhosis of the liver, Cholecystitis, etc. = 150
6. Algenic, endocrine system, metabolic and nutritional diseases, diseases of the blood-forming organs (Code No. A 62 to A 68). = 75
7. Disease of the nervous system and sense organs (Code No. A 72 to A 79). = 67
8. Diabetes Mellitus (Code No. A 96). = 46
9. Certain diseases of early infancy, including birth injuries, infection and prematurity (Code No. A 131 to A 135). = 37
10. Disease of the genito-urinary system (Code No. A 105 to A 111). = 37

INFANT DEATHS AND MORTALITY RATES - 1974-1978

Deaths Within First Year of Life	1978		1977		1976		1975		1974	
	Gross	Net	Gross	Net	Gross	Net	Gross	Net	Gross	Net
Number of Infant Deaths	101	74	97	73	159	115	140	100	128	91
Rate per 1,000 Live Births	10.7	9.0	10.4	8.9	17.7	14.4	16.2	12.8	15.8	12.5

Gross - Includes Non-Residents; Net - Residents Only

CAUSES OF INFANT DEATHS - 1978

A 3	Paratyphoid fever and other salmonella infections	1
A 5	Enteritis and other diarrhoeal disease	2
A 21	Other bacterial disease	1
A 29	Other viral disease	1
A 58	Malignant neoplasm of other unspecified sites	1
A 59	Leukaemia	1
A 65	Avitaminoses and other nutritional deficiency	1
A 66	Other endocrine and metabolic diseases	1
A 79	Other disease of nervous system and sense organs	1
A 86	Disease of arteries, arterioles and capillaries	1
A 92	Other pneumonia	1
A 93	Bronchitis, emphysema and asthma	1

A101	Intestinal obstruction and hernia	6
A126	Spina bifida	6
A127	Congenital anomalies of heart	9
A128	Congenital anomalies of circulatory system	4
A130	All other congenital anomalies	15
A131	Birth injury and difficult labour	6
A133	Haemolytic disease of newborn	1
A134	Anoxic and hypoxic conditions not elsewhere classified	16
A135	Other causes of perinatal morbidity and mortality	7
A137	Symptoms and other ill-defined conditions	20
A139	Other transport accidents	1

MATERNAL MORTALITY (INCLUDING NON-RESIDENTS) - 1974-1978

Year	Live Births	Number of Maternal Deaths		Rate per 10,000 Live Births
		Resident	Non-Resident	
1978	9,482			
1977	9,295	1		1.1
1976	8,980			
1975	8,697	1		1.2
1974	8,130			

REPORTED CASES AND DEATHS FROM DIPHTHERIA,
INFECTIOUS HEPATITIS, MEASLES, MENINGOCOCCAL INFECTION
PERTUSSIS, SALMONELLA INFECTION, ETC. - RESIDENTS ONLY - 1976-1978

COMMUNICABLE DISEASE	CASES			DEATHS			Mortality Rate Per 100,000 Population		
	1976	1977	1978	1976	1977	1978	1976	1977	1978
Diphtheria	7	10	4						
Infectious Hepatitis	100	92	143	1	1		0.2	0.2	
Measles	103	83	840						
Meningococcal Infection	7		42			3			
Pertussis	72	12	23						
Rubella	274	146	321						
Salmonella Infection	91	89	254	1			0.2		
Syphilis	16	33	38						

CAUSES OF DEATH BY AGE AND SEX (NON-RESIDENTS INCLUDED) - 1978

ABBREVIATED LIST OF 15 CAUSES OF DEATH

TOTALS	65 Years +	45 - 64 Years	25 - 44 Years	15 - 24 Years	5 - 14 Years	0 - 4 Years	Male	Female	
1. Infective & parasitic diseases	66	59	13	1	2	2	22	85	125
2. Neoplasms - all forms	372	338	5	9	8	53	245	390	710
3. Allergic, endocrine system, metabolic & nutritional diseases, diseases of the blood forming organs	80	67	3	2	2	11	60	69	147
4. Mental, psychoneurotic & personality disorders (Alcoholism)	29	7			1	4	17	14	36
5. Diseases of the nervous system & sense organs (including Apoplexy)	28	30	6	1	5	7	13	26	58
6. Diseases of the circulatory system	732	586	1	1	5	32	271	1008	1318
7. Diseases of the respiratory system	87	44	3	1	2	4	21	100	131
8. Diseases of the digestive system	41	38	6		1	4	18	50	79
9. Diseases of the genito-urinary system	20	17			1	4	5	27	37
10. Deliveries & complications of pregnancies, childbirth & puerperium	3	3	6						6
11. Diseases of the skin & cellular tissue, diseases of the bones & organs of movement	9	10			2	1	4	12	19
12. Congenital malformations	17	20	32	2	1	1			1
13. Certain diseases of early infancy (including prematurity & birth injury)	16	8	24						24
14. Symptoms, senility, ill-defined & unknown causes of mortality	17	16	20		1	2	10	33	
15. Accidents, poisonings & violence	201	82	7	8	76	93	47	52	283

CAUSES OF DEATH - 1978Intermediate List of 150 Causes of Death

List No.	Cause of Death	Sex	TOTAL	Residents	Non-Residents	AGE AT DEATH				
						M	F	5 - 14 Years	15 - 24 Years	65 Years +
A 3	Paratyphoid fever and other salmonella infections	M	1	1				1		1
		F	1	1						
A 5	Enteritis and other diarrhoeal disease	M	3	1	2					1
		F	7	6	1	1				3 2
A 6	Tuberculosis, of respiratory system	M	3	3						1 2
		F								
A 10	Other tuberculosis, including late effects	M	2	2						2
		F	1	1						1
A 19	Meningococcal infection	M								
		F	1		1					
A 21	Other bacterial diseases	M	4	2	2				1	1
		F	6	3	3	1				2
A 23	Late effects of acute poliomyelitis	M	1	1					1	
		F								
A 29	Other viral diseases	M	5	4	1	2	1			1
		F	2	2		1				1
A 44	All other infective and parasitic diseases	M	2	1	1					1
		F								
A 45	Malignant neoplasm of buccal cavity and pharynx	M	10	8	1					5 3
		F	6	6					2 2	2
A 46	Malignant neoplasm of oesophagus	M	13	11	2				1 7	3
		F	4	3	1				1	3
A 47	Malignant neoplasm of stomach	M	14	13	1				2 2	9
		F	12	9	3				4	5
A 48	Malignant neoplasm of intestine, except rectum	M	25	23	2				1 6	16
		F	42	39	3				14	25
	Carried Forward		165	140	25	6	1	2	6	47 78

List No.	Cause of Death	AGE AT DEATH								
		65 Years +	45 - 64 Years	25 - 44 Years	15 - 24 Years	5 - 14 Years	0 - 4 Years	Non-Residents	Residents	TOTAL
	Brought Forward		165	140	25	6	1	2	6	47 78
A 49	Malignant neoplasm of rectum and rectosigmoid junction	M	14	10	4					3 7
		F	14	11	3				3 3	5
A 50	Malignant neoplasm of larynx	M	4	3	1					2 1
		F	1	1						1
A 51	Malignant neoplasm of trachea, bronchus and lung	M	98	84	14					3 33 48
		F	40	34	6				1 15	18
A 52	Malignant neoplasm of bone	M	4	3	1			1		2 1
		F	3	2	1			1		1
A 53	Malignant neoplasm of skin	M	2	2						1 1
		F	6	6					2 2	2
A 54	Malignant neoplasm of breast	M	1		1					
		F	63	58	5				6 31	21
A 55	Malignant neoplasm of cervix uteri	M								
		F	9	7	2				2 3	2
A 56	Other malignant neoplasm of uterus	M								
		F	10	9	1					2 7
A 57	Malignant neoplasm of prostate	M	38	33	5					4 29
		F								
A 58	Malignant neoplasm of other and unspecified sites	M	105	90	15			2	1 10	26 51
		F	87	74	13	2			4 26	42
A 59	Leukaemia	M	19	13	6	2		1	1 2	7 8
		F	18	15	3		1		1 5	3 8
A 60	Other neoplasms of lymphatic and haemopoietic tissue	M	21	12	9			1		6 7
		F	19	16	3		1	2		
A 61	Benign neoplasms and neoplasms of unspecified nature	M	4	4						2 2
		F	4	4						2 2
A 63	Thyrotoxicosis with or with - out goitre	M								
		F	1		1					
	Carried Forward		750	631	119	10	7	7	40 267	307

List No.	Cause of Death	AGE AT DEATH										
		65 Years +		45 - 64 Years		25 - 44 Years		15 - 24 Years		5 - 14 Years		
Residents		Non-Residents		Residents		Non-Residents		Residents		Non-Residents		
		M	F	M	F	M	F	M	F			
	Brought Forward			750	631	119	10	7	7	40	267	307
A 64	Diabetes mellitus	M	F	16	30	12	26	4	4		3	8
A 65	Avitaminoses and other nutritional deficiency	M	F	3	3	3	1	2			4	22
A 66	Other endocrine and metabolic diseases	M	F	8	3	7	3	1	1	2	1	2
A 67	Anaemias	M	F	3	5	2	4	1			1	3
A 68	Other diseases of blood and blood-forming organs	M	F	1	3	1	3		1		1	1
A 69	Psychoses	M	F	3	4	3	4					3
A 70	Neuroses, personality disorder and other non-psychotic mental disorders	M	F	26	3	25	3	1		1	4	14
A 72	Meningitis	M	F	3		3		1				2
A 73	Multiple sclerosis	M	F	1	4	1	4				1	1
A 74	Epilepsy	M	F	5	6	4	5	1	1	2	1	1
A 78	Otitis media and mastoiditis	M	F	1			1					
A 79	Other diseases of nervous system and sense organs	M	F	22	20	18	17	4	3	2	1	6
A 81	Chronic rheumatic heart disease	M	F	11	12	8	7	3	5		3	4
A 82	Hypertensive disease	M	F	7	9	7	7		2		14	5
	Carried Forward			962	809	153	16	9	14	57	316	404

List No.	Cause of Death	AGE AT DEATH								65 Years +	
		45 - 64 Years	25 - 44 Years	15 - 24 Years	5 - 14 Years	0 - 4 Years	Non-Residents	Residents	TOTAL		
	Brought Forward		962	809	153	16	9	14	57	316	404
A 83	Ischaemic heart disease	M	477	413	64				8	123	282
		F	299	267	32				2	29	236
A 84	Other forms of heart disease	M	44	37	7		1		2	6	28
		F	44	40	4				1	3	36
A 85	Cerebrovascular disease	M	120	96	24			1	3	12	80
		F	245	130	15			1	4	16	109
A 86	Diseases of arteries, arterioles and capillaries	M	60	52	8	1			3	5	43
		F	68	63	5				7	56	
A 87	Venous thrombosis and embolism	M	11	9	2			1	1	3	4
		F	9	7	2			1		6	
A 88	Other disease of circulatory system	M	2	2						1	1
		F									
A 89	Acute respiratory infection	M	2	2					1		1
		F	1	1						1	
A 90	Influenza	M	4	4						1	3
		F	2	2							2
A 91	Viral pneumonia	M	1	1							1
		F									
A 92	Other pneumonia	M	37	34	3	1				6	27
		F	38	35	3				2	2	31
A 93	Bronchitis, emphysema and asthma	M	41	39	2		1			6	32
		F	19	18	1	1			2	3	12
A 95	Empyema and abscess of lung	M	1	1							1
		F	2	2					1		1
A 96	Other disease of respiratory system	M	43	36	7			1		6	29
		F	22	20	2	1			4		15
A 97	Disease of teeth and supporting structures	M	1	1				1			
		F									
	Carried Forward		2455	2121	334	20	11	19	87	554	1439

List No.	Causes of Death	AGE AT DEATH											
		65 Years +			45 - 64 Years			25 - 44 Years			15 - 24 Years	5 - 14 Years	0 - 4 Years
	Brought Forward	2455	2121	334	20	11	19	87	554	1439			
A 98	Peptic Ulcer	M	10	7	3						7	6	
		F	6	6									
A 99	Gastritis and duodenitis	M	2	2							2		
		F											
A 100	Appendicitis	M	2	1	1						1		
		F											
A 101	Intestinal obstruction and hernia	M	3	3		2	2				1	1	
		F	6	4	2	3							
A 102	Cirrhosis of liver	M	49	45	4						3	31	11
		F	22	22							4	10	8
A 103	Cholelithiasis and cholecystitis	M	5	4	1						2	2	5
		F	5	5									
A 104	Other diseases of the digestive system	M	19	13	6						2	4	7
		F	21	19	2						1	5	13
A 105	Acute nephritis	M											
		F	2	1	1								1
A 106	Other nephritis and nephrosis	M	5	3	2						1	2	
		F	4	4							2		2
A 107	Infections of kidney	M	5	5								5	
		F	1	1									1
A 111	Other disease of genito-urinary system	M	10	9	1						1	8	
		F	10	9	1						1	1	7
A 120	Other diseases of skin and subcutaneous tissue	M	2	2								2	
		F	1	1									1
A 121	Arthritis and spondylitis	M									1		5
		F	6	6									
A 122	Non-articular rheumatism and rheumatism unspecified	M	1	1								1	
		F											
	Carried Forward		2652	2294	358	25	11	20	101	611	1535		

List No.	Cause of Death								AGE AT DEATH		
									65 Years +	45 - 64 Years	
	Brought Forward		2652	2294	358	25	11	20	101	611	1535
A 124	Ankylosis and acquired musculoskeletal deformities	M	1	1							1
A 125	Other diseases of musculo-skeletal system and connective tissue	M	4	4						1	1
A 125	Other diseases of musculo-skeletal system and connective tissue	F	3	2	1					1	1
A 126	Spina bifida	M	1	1			1				
A 126	Spina bifida	F	1	1			1				
A 127	Congenital anomalies of heart	M	6	3	3	2	1	1			
A 127	Congenital anomalies of heart	F	7	5	2	3	1	1			
A 128	Other congenital anomalies of circulatory system	M	3	2	1		1				1
A 128	Other congenital anomalies of circulatory system	F	3		3						
A 130	All other congenital anomalies	M	7	3	4		3				
A 130	All other congenital anomalies	F	9	6	3		6				
A 131	Birth injury and difficult labour	M	3	2	1		2				
A 131	Birth injury and difficult labour	F	3	2	1		2				
A 133	Haemolytic disease of newborn	M	1			1					
A 133	Haemolytic disease of newborn	F									
A 134	Anoxic and hypoxic conditions not elsewhere classified	M	9	7	2		7				
A 134	Anoxic and hypoxic conditions not elsewhere classified	F	7	5	2		5				
A 135	Other causes of perinatal morbidity and mortality	M	6	6			6				
A 135	Other causes of perinatal morbidity and mortality	F	1	1			1				
A 136	Senility without mention of psychosis	M									4
A 136	Senility without mention of psychosis	F	4	4							
A 137	Symptoms and other ill-defined conditions	M	17	16	1	12				1	3
A 137	Symptoms and other ill-defined conditions	F	12	11	1	8			1	1	1
AE138	Motor vehicle accidents	M	46	31	15	3	2	14	10	1	1
AE138	Motor vehicle accidents	F	20	15	5	1	1	6	2	2	3
AE139	Other transport accidents	M	4	3	1	1	1			1	
AE139	Other transport accidents	F									
	Carried Forward		2830	2425	405	78	17	31	117	619	1550

List No.	Cause of Death	AGE AT DEATH											
		65 Years +		45 - 64 Years		25 - 44 Years		15 - 24 Years		5 - 14 Years		0 - 4 Years	
		M	F	M	F	M	F	M	F	M	F	M	F
	Brought Forward			2830	2425	405		78	17	31	117	619	1550
AE140	Accidental poisoning	M	5	5						2	1	2	
AE141	Accidental falls	M	20	16	4			1		1	1	5	8
AE142	Accidents caused by fires	F	23	19	4					1	1	1	17
AE143	Accidental drowning and submersion	M	3	2	1					1	1		1
AE144		F	1	1									
AE145	Accidents mainly of industrial type	M	8	5	3						4	1	
AE146	All other accidents	F	1							2	3	1	1
AE147	Suicide and self inflicted injury	M	65	58	7				3	18	30	3	4
AE148	Homicide and injury purposely inflicted by other persons: <u>legal intervention</u>	F	23	18	5				1	10	5	2	2
AE149	Injury undetermined whether accidentally or purposely inflicted	M	14	11	3				2	4	5		
		F	6	6					1	3	2		
	TOTAL			3043	2604	439		79	20	64	179	655	1588

SELF-INFILCTED DEATHS (SUICIDES) IN CALGARY - 1978

	10 - 14 Years		15 - 24 Years		25 - 44 Years		45 - 64 Years		65 Years & Over		Residents - 201 Residents	TOTAL
	M	F	M	F	M	F	M	F	M	F		
1. Poisoning by solid and liquid substances			1	1			2		1	6	3	9
2. Poisoning by gases (except gases in domestic use)				3		5	4	2	2	1		17
3. Hanging, strangulation & suffocation	2				5	1	1		1	10	4	14
4. Submersion (drowning)					1					1		1
5. Injury by firearms & explosives	1	13			12	1	5	2		34	3	37
6. Injury by cutting and piercing instruments								1	1	1		1
7. Jumping from high places					1			2	1		4	6
8. Other and unspecified means								1	1	1	3	3
TOTALS	3	18	1	23	10	10	5	4	2	76	12	88

REPORTED CASES OF NOTIFIABLE COMMUNICABLE DISEASES (RESIDENTS ONLY) - 1978

	Under 1 Year		1 - 4		5 - 9		10 - 14		15 - 19		20 - 24		25 - 29		30 - 39		40 - 59		60 yrs+		TOTALS	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Amoebic Dysentery																						2
Bacillary Dysentery	2	1	1	1	1	2																16
Diphtheria (Toxigenic)			1	1																		4
Hepatitis A					4		5		3	10	6	11	12	12	6	11	8	7	7	1	103	
Hepatitis B			1							5	6	3	3	3	7	5	6	1	2	1	40	
Leprosy Non - Tuberculous																					1	
Leprosy Tuberculous																					1	
Malaria																					5	
Meningitis:																						
Meningococcal	1	1	5	2	1		1														12	
Other bacterial	6	3	4	6	2	2															12	
Viral			1			1															5	
Mumps			A	G	E	S		N	O	T		A	V		A	V		L	A	B	493	
Pertussis	1	1	2	9	3	4		2	1												23	
Sub-Totals	10	7	14	18	12	9	8	4	15	15	17	19	23	11	18	14	12	8	2	2	731	

	Under 1 Year		1 - 4		5 - 9		10 - 14		15 - 19		20 - 24		25 - 29		30 - 39		40 - 59		60 +		Yrs. +		TOTALS		
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F					
Psittacosis																									
Puerperal Sepsis																									
Rubella	11	11	37	30	66	80	29	32	4	6	2	3	5	5	5	5	1	1	1	1				3	
Rubeola	10	3	57	47	182	174	141	144	35	29	2	1	1	1	1	1	1	1	1	1				1	
Salmonella Infection	14	14	19	13	9	8	5	4	7	9	17	18	9	15	10	3	14	19	11	36				254	
Scarlet Fever & Strep. Throat	1	1	19	20	56	79	21	33	14	16	3	13	8	10	6	14	3	10	1	1				330*	
Staph. Food Poisoning																									1
Toxoplasmosis																									1
Tuberculosis, Non - Pulmonary																									11
Tuberculosis, Pulmonary																									40
Typhoid Fever																									1
Sub-Totals (Page 1)	10	7	14	18	12	9	8	4	15	15	17	19	23	11	18	14	12	8	2	2				731	
Sub-Totals (Page 2)	36	29	133	110	315	343	196	213	61	61	27	36	18	37	26	26	31	36	20	38				1793	
TOTALS	46	36	147	128	327	352	204	217	76	76	44	55	41	48	44	40	43	44	22	40				2524	

* 1 case age not specified

REPORTED COMMUNICABLE DISEASES BY MONTH IN 1978

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	TOTALS
Amoebic Dysentery							2						2
Bacillary Dysentery				3	2	3			2		1	5	16
Diphtheria (Toxigenic)			1	1					2				4
Hepatitis A	3	5	7	11	10	15	11	8	10	4	12	7	103
Hepatitis B	4	1	5	4	1		4	3	8	4	4	2	40
Leprosy Non-Tuberculous								1					1
Leprosy Tuberculous							1						1
Meningitis:													
Meningococcal	1	3		1	1	1		1	1		2	1	12
Other Bacterial			2	6	1	1	3	2	1	5	2	3	26
Viral				2							3		5
Malaria						1	1	2			1		5
Mumps	113	98	61	70	29	20	3		7	25	47	20	493
Pertussis				1	1	1	1	6		1	2	6	4
Psittacosis/Ornithosis					1						2		3
Sub-Totals	121	107	77	99	46	42	31	17	32	40	80	42	734

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	TOTALS
Puerperal Sepsis			1										1
Rubella	16	17	13	23	25	18	17	7	7	12	43	124	322
Rubeola	3	5	4	10	11	8	10	8	3	36	191	540	829
Salmonella infection	3	7	12	16	8	27	9	11	15	29	98	19	254
Scarlet Fever & Strep. Throat	20	21	26	42	28	16	12	12	18	29	83	23	330
Staph. Food Poisoning					1								1
Toxoplasmosis							1						1
Tuberculosis, Non-Pulmonary			1	1		2	2					5	11
Tuberculosis, Pulmonary		2	3	1		9	4		9		12		40
Typhoid Fever			1										1
Sub-Totals (Page 1)	121	107	77	99	46	42	31	17	32	40	80	42	734
Sub-Totals (Page 2)	42	52	60	93	73	80	55	38	51	106	415	723	1790
TOTALS	163	159	137	192	118	122	86	55	83	146	493	765	2524

		Under 1 - 4		5 - 9		10 - 14		15 - 19		20 - 24		25 - 29		30 - 39		40 - 59		60 Years		Age not Stated		TOTALS		
		1 Year	Years	Years	Years	Years	Years	Years	Years	Years	Years	Years	Years	Years	Years	Years	Years	Years	Plus	Years	Years	Stated	Years	Years
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M
Syphilis:																								
Acquired																								
Primary																								
Syphilis:																								
Acquired																								
Secondary																								
Syphilis:																								
Acquired																								
Latent-																								
Early																								
Syphilis:																								
Acquired																								
Latent-																								
Late																								
Syphilis:																								
Undetermined																								
Gonorrhoea:																								
All Forms																								
TOTALS																								

COMMUNITY HEALTH NURSING DIVISIONCALGARY LOCAL BOARD OF HEALTH

It is my privilege to present a report for the Community Health Nursing Division of the Calgary Local Board of Health for the year 1978.

Our Community Health Nursing staff started to use the Alberta Community Nursing Activity Recording System (A.C.N.A.R.S.) January 1st, 1978. The format of the statistical information in the report has been modified from former years to reflect the information available from the A.C.N.A.R.S.

Total attendance for infants and preschoolers at the Child Health Centres is up to 68,313 for 1978, over 66,446 for 1977. Although we were not able to obtain the number of new cases of either infants or preschoolers from the computer printout, total attendance by age group was available.

We have developed a table from information in the A.C.N.A.R. for individual contacts for 1978. This table shows the number of persons counselled by age groups and by subject at the time of home visits, by telephone calls, in the schools and at Child Health Centres. These numbers are exclusive of those receiving routine clinic package counselling. It will be noted that the total of the individual contacts was 59,282.

The table of Health Education for School and Community groups shows that 103,413 persons attended group sessions and 5,866.2 hours of Community Health Nursing time was expended in group health teaching.

The table for Screening, Assessments and Referrals 1978 shows that a total of 92,931 persons were screened or had a health assessment and 11,497 were referred. It will be noted that 3,443 school children were screened for scoliosis and 348 were referred.

The format of the Immunization Report has also been changed to conform to the information contained in the computer printout. The 1977 totals are included for comparison.

The student program indicates that we had fewer students in 1978 and that the total student days were less. This is due in part to a modification in the Faculty of Nursing, University of Calgary program where the second year students were no longer assigned to the Community Health Nurse for five days. Instead this time was made available for the use of the Post-Basic R.N. student for field experience.

The percentage of positive reactors found in the School Tuberculosis Screening Report for both the Grade 1 pupils and the Grade IX pupils indicates a decrease over 1977. Because of the change in the coding for the computer system in the first and second Quarterly Reports, other tables for the Tuberculosis Program are not available. The closing of the X-ray unit with the Chest Clinic has made it necessary for us to reorganize our Tuberculosis Control program.

The rapid growth in population in some areas of the city have made it very difficult to provide adequate service to the families in these areas and because of the large number of new families in these areas, the Community Health Nursing program has been very heavily "Maternal-Child" oriented. However, in all areas the Community Health Nurses have been able to increase their involvement with our older population and Geriatric Programs have been started in many parts of the city. e.g. Dr. Vernon Fanning Extended Care

Centre; Cascade Mobile Home Park; Bow Centre; Valley View Lodge, Langevin District. In June, a Geriatric Committee was formed and the Committee is developing a Policy and Procedure Manual and recommendations for our Geriatric Programs.

Some of the other highlights of the year have been:

- criteria were developed for the Observation Registry and the Geriatric at Risk Registry. These give C.H.N.'s guidance in setting priorities.
- the threat of a polio epidemic in the summer and fall resulted in an increased demand for polio vaccinations and special clinics were organized. These however, had to be discontinued because of lack of vaccine.
- one of our Community Health Nursing staff was on loan to the Faculty of Nursing at the University of Calgary for the academic year.
- the Education Committee continued to plan, arrange and evaluate a very worthwhile In-Service Program.
- the conversion of the Anderson Road District Home Visit Counselling Program to the program as established in the other districts was made necessary mainly because of our inability to supply sufficient staff to meet the proposed population growth of the area.
- the Wirt, Scoliosis and Geriatric pilot projects were completed and incorporated into our Community Health Nursing Program. The Wirt Stereopsis Vision Screening Test will be available to all preschoolers in our Child Health Centres. Scoliosis screening will be offered to all Grade 7 children in the Calgary schools. The Kilsyth Questionnaire will be used for our assessment of the elderly either on referral from their family physician or when the Community Health Nurse considers such an assessment would be helpful in her referral of an elderly person.
- Community Health Nursing Liaison was arranged with three Medical Clinics, primarily for geriatric referral and home assessment.
- in May, a survey was conducted at the time of the home visit to new babies regarding the pre-natal teaching their mothers had received. As a result of the findings of this survey, a series of post-natal and parenting classes are being planned.
- proposals were submitted for programs to recognize the International Year of the Child.
- the certificate from the Labour Relations Board regarding the Modified Work Week was extended and both the North Hill and Rundle Districts have been on the 4-day work week. Opinion surveys were conducted involving both consumers and staff as part of the evaluation of this program.

- the Haysboro District conducted a pilot project on another type of modified work week. The working day was extended by 1/2 hour and the staff had a 3rd Friday off on a rotational basis.
- we have had representation on the Provincial Advisory Committee for the establishment of School Health Program Standards and also on the Provincial Record Committee.
- an increased number of cases of red measles motivated a Measles Study and we hope we will be able to obtain some valuable information from this study.
- there have been several administrative staff changes this year. Miss Betty Eggen has been designated Associate Director of Nursing and Miss Edna Hill formerly Supervisor for the Shaganappi District, has been appointed Assistant Director of Nursing. We are all very pleased to have Miss Hill join our Administrative staff and believe we will now be able to provide more assistance to the field staff.

Mrs. Neila Russell has transferred from Forest Lawn District to Shaganappi District. Mrs. Lorraine MacKay has been appointed District Supervisor for Forest Lawn. Mrs. Margaret Gilbertson is the Senior Nurse at City Hall.

The following appointments have been changed from acting to established:

Mrs. Adele Harms as District Supervisor, Scarboro; Mrs. Eleanor Jepson as Senior Nurse, Scarboro and Mrs. Doreen Riley, Senior Nurse, Haysboro.

- the work has been completed on the pamphlet file and the files have been distributed to the District offices. A method of updating this file has also been developed. The districts report that this is proving very helpful.
- the first of a planned series of seminars was held with our Community Health Nurses, Focus Family Planning, the Family Life and Sex Education Division. Calgary Board of Health and the area teaching staff are to introduce a "Maturation" teaching unit for Grade 6 Students.

Although it is difficult to support this statistically, all districts report an increase in the complexity of family problems they are dealing with and a great deal of credit goes to our staff in the way they are helping families in these situations. I wish to thank the staff for the very high quality of service they are providing to the families they serve.

I would also like to thank Dr. Hosking and the members of the Calgary Local Board of Health for their support and guidance.

Respectfully submitted,

Frances M. Moore
DIRECTOR OF NURSING

FMM:dl

ATTENDANCE AT CHILD HEALTH CENTRES - 1978

Infant Attendance	<u>1972</u>	<u>1973</u>	<u>1974</u>	<u>1975</u>	<u>1976</u>	<u>1977</u>	<u>1978</u>
New	6,068	6,237	6,308	6,401	6,871	7,598	*
Old	<u>17,953</u>	<u>19,184</u>	<u>19,856</u>	<u>32,652</u>	<u>25,513</u>	<u>26,994</u>	*
Total Pre-School Attendance	24,021	25,421	26,164	32,652	32,384	34,592	34,413

Pre-School Attendance

New	2,759	3,036	3,146	2,968	3,250	2,951	*
Old	<u>26,186</u>	<u>27,161</u>	<u>28,512</u>	<u>35,633</u>	<u>31,694</u>	<u>28,903</u>	*
Total Pre-School Attendance	28,945	30,197	31,657	38,601	34,944	31,854	33,900

New Infants	6,068	6,237	6,308	6,401	6,871	7,598	*
plus							
New Pre-Schoolers Enrolled	<u>2,759</u>	<u>3,036</u>	<u>3,145</u>	<u>2,968</u>	<u>3,250</u>	<u>2,951</u>	*
	8,827	9,273	9,453	9,369	10,121	10,549	*

* This information not available for 1978 from Provincial computer printout of Community Health Nursing activities.

SUMMARY OF WORK DONE BY PHYSICIANS IN CALGARY CHILD HEALTH CENTRES - 1978

	<u>INFANTS</u> 0 - 1 yr.	<u>PRE-SCHOOL</u> 2 - 3 yrs.	<u>PRE-SCHOOL</u> 4 - 6 yrs.	<u>SCHOOL AGE</u>
No. of children examined	917	210	134	23

	<u>DOCTORS</u>	<u>DENTISTS</u>	<u>EYE EXAMINERS</u>
	42	-	4

Counselling in Minor Ailments.....	731	Counselling in Nutrition.....	73
Denver Developmental Screening Tests.....	420	Physical Examinations.....	1,206
Minor Physical Ailments Found.....	907	Major Defects Found.....	34

FLUORIDE DISTRIBUTION PROGRAM

CLINIC	NEW PRESCRIPTION	REFILL PRESCRIPTION	TOTAL
ANDERSON ROAD	2133	1518	3651
BOWNESS	841	940	1781
CITY HALL	1489	1334	2823
FOREST LAWN	4130	3048	7178
HAYSBORO	4186	1970	6156
NORTH HILL	1716	2467	4183
SCARBORO	929	827	1756
SHAGANAPPI	1218	1221	2439
THORNHILL	1419	1295	2714
TOTALS	18061	14620	32681

HEALTH EDUCATION TO SCHOOL AND COMMUNITY GROUPS

by Subject, Age, Time and No. of Persons

SUBJECT	INFANT & PRESCHOOL		SCHOOL		ADULT		GERIATRIC		TOTALS	
	Persons	Time	Persons	Time	Persons	Time	Persons	Time	Persons	Time
PRENATAL			937	356.8	151	36.5			1088	393.3
POSTNATAL					17	39.5			17	39.5
WELL CHILD	145	26.5	1391	80.0	204	15.0			1740	121.5
PARENTING	43	42.6	88	9.5	114	23.6			245	75.7
HANDICAP/SPEC SERV	5	1.0	136	3.5	12	3.0			153	7.5
CHILD ABUSE		2.5	97	9.0	48	8.5			145	20.0
POISON CONTROL			18	2.5					18	2.5
FAMILY PLANNING			1174	154.0	39	8.5			1213	162.5
FAMILY LIFE ED	31	6.5	14308	1086.4	709	95.5			15048	1188.4
COMMUNICABLE DISEASE	122	6.5	4211	104.3	217	38.0			4550	148.8
TB			1037	14.0	126	4.0			1163	18.0
VD			3606	158.0	73	5.0			3679	163.0
CHRONIC DISEASE			454	13.0	54	12.0	135	28.5	643	53.5
MENTAL ILLNESS			84	11.5					84	11.5
MENTAL HEALTH	15	2.5	2472	102.6	2	1.0			2489	107.1
ALCOHOL/DRUGS			1638	128.7					1638	128.7
SMOKING	15	1.0	7062	269.0		1.5			7077	271.5
NUTRITION	3513	135.5	22977	868.7	389	58.3	260	29.5	27106	1092.0
EXERCISE/FITNESS	14	0.5	1017	52.0	4	6.5	8	3.5	1043	62.5
OBESITY		0.5	64	18.5		2.0	113	10.0	177	31.0
SAFETY	62	22.0	1456	44.1	41	6.5		0.5	1559	73.1
FIRST AID			1527	63.5	357	39.0			1886	102.5
SCOLIOSIS			2128	29.5	9	1.0			2137	30.5
GENERAL HEALTH	2640	116.5	21018	958.5	265	24.0	281	52.0	24204	1151.0
PUBLIC RELATIONS	506	13.0	645	39.5	2080	272.3	59	5.5	3290	330.1
OTHERS	144	5.0			85	5.0	110	12.0	339	22.0
TOTALS	7255	382.6	90163	4621.4	4998	706.2	997	156.0	103413	5866.2

INDIVIDUAL CONTACTS - 1978

by Home Visits, Telephone Calls, Counselling in Schools and
Child Health Centres (exclusive of routine clinic package counselling)

	Infant	P.S.	School	Adult	Geriatric	TOTAL
Prenatal	33		417	288		738
Postnatal	8,857			127		8,984
Well Child	4,607	2,382	9,568	54		16,611
Parenting	43	102	65	124		334
Observation (at risk)	626	156	54	4		840
Handicap (Special Service)	157	645	1,147	163	18	2,130
Child Abuse	133	204	166	36		539
Communicable Disease	598	1,257	3,563	2,729	60	8,205
Nutrition	403	113	298	119	57	990
First Aid	47	58	8,743	126	8	8,982
Follow-Up	720	343	2,527	325	482	4,397
General Health	24	22	468	111	108	733
Mental Health & Illness	12	25	334	906	289	1,566
Chronic Disease	8	35	184	184	1,165	1,576
Other	139	230	1,054	974	260	2,657
TOTALS	16,407	5,572	28,588	6,268	2,447	59,282

SCREENING, ASSESSMENTS AND REFERRALS 1978

TOTAL REFERRED									
No. referred									
Community & Parasite Disease	Parasite	No. referred							
INFANT	121	2160	133	45	2	4911	181	8026	933
PRESCHOOL	286	4665	431	545	111	4864	272	2395	293
SCHOOL	795	31529	5275	165	16	352	49	6991	1429
ADULT to 65	43	5	6	1			191	59	
ADULT 65+	5	1	18	3			1045	195	
TOTAL	14594	1208	38378	5843	755	129	10127	502	18648
							2909	3443	2114
							188	4681	342
							191	28	92931
									11497

SCHOOL TUBERCULOSIS TESTS 1978GRADE I

Grade I	Tuberculin Tests	%	Tuberculin Tests	% found
No. Pupils	Accepted	Accepting Tests	Positive	Positive Reactors
8,986	7,991	88.9	16	0.2002

The group of 16 positive reactors includes:

8 immigrants with 7 BCG.
4 others with BCG.

Case - 1 - Tuberculosis pulmonary - primary (suspect) active - born in Lebanon.

GRADE IX

Grade IX	Tuberculin Tests	%	Tuberculin Tests	% found
No. Pupils	Accepted	Accepting Tests	Positive	Positive Reactors
10,200	8,829	86.5	81	0.91

The group of 81 positive reactors includes:

39 immigrants with 29 BCG.
11 others with BCG.
8 previously positive.

STAFF

	No. Tested	No. Reactors	Contact of students tested
School	5.669	134	124 - with 23 reactors
Administration	School Board decided against Tuberculin		X Rays - 34
Maintenance & Library Centre	testing for these groups 1978-79		

GRADE I IMMUNIZATION STATUS - OCTOBER 1977

DISEASE	FULL %	LAPSED %	IN - % ADEQUATE	NONE %	UN - % KNOWN	TOTAL %
DIPHTHERIA	5791 68.8	674 8.0	844 10.0	325 3.9	781 9.3	8415 100
TETANUS	5790 68.8	673 8.0	845 10.0	327 3.9	780 9.3	8415 100
POLIO	5448 64.7	598 7.1	1199 14.3	386 4.6	784 9.3	8415 100
MEASLES: LIVE VACCINE	6080 72.1			1433 17.0	902 10.7	8415 100
HAD DISEASE ONLY	411 4.9					
HAD LIVE MEASLES VACCINE & DISEASE	228 2.7					

GRADE 1 IMMUNIZATION STATUS - MAY 1978

DISEASE	FULL %	LAPSED %	IN - % ADEQUATE	NONE %	UN - % KNOWN	TOTAL %
DIPHTHERIA	7557 90.6	85 1.0	360 4.3	75 .9	264 3.2	8341 100
TETANUS	7556 90.6	85 1.0	361 4.3	75 .9	264 3.2	8341 100
POLIO	7687 92.2	72 .9	235 2.8	84 1.0	406 4.9	8341 100
MEASLES: LIVE VACCINE	6393 76.6		27 .3	1515 18.2	406 4.9	8341 100
HAD DISEASE ONLY	458 4.5					
HAD LIVE MEASLES VACCINE & DISEASE	249 3.0					

IMMUNIZATION REPORT - 1978

AGE	GROUP	TYPHOID			RABIES			PLAQUE			GAMMA GLOBULIN			
		1	2	3	R	1	2	3	R	CHOLERA	TYPHUS	1SG-C	1SG-T	1SG-O
INFANTS 0 - 1		9	7	6						17	2			1
AGES 1 - 2		33	21	14						79	2			3
PRESCHOOL		70	61	58	4					188	17			3
SCHOOL		281	206	215	45	2				1	387	77		57
ADULT		2168	2041	1952	1088	43	34	40	29	3726	630	8	175	33
GERIATRIC		65	23	37	94	1	12	15	10	34	10		5	
1978 TOTALS		2626	2359	2282	1231	46	36	55	40	4431	738	8	262	33
1977 TOTALS (FOR COMPARISON)		3734	1732	866	80					4212	767	3	245	

AGE	GROUP	QUAD			PERTUSSIS			SCHICK			DIPHTHERIA			TETANUS			
		1	2	3	R	1	2	3	R	1	2	3	R	1	2	3	
INFANTS 0 - 1		7355	7052	6662	25	12	64	126	48	30	83	146	63	32	85	150	
AGES 1 - 2		253	387	405	172	46	19	85	4473	51	26	106	4575	53	27	142	
PRESCHOOL		439	494	446	193	40	56	188	4000	104	106	267	5422	108	107	323	
SCHOOL										35	406	505	603	10188	416	504	692
ADULT										357	14	14	20	17	1079	867	765
GERIATRIC										10		1	1	1	13	4	7
1978 TOTALS		8047	7933	7513	390	98	139	399	8521	402	605	735	1143	20266	1701	1594	2079
1977 TOTALS (FOR COMPARISON)		15979	5353	35	498	1209	5466	445	2077	1881	18178	3710	2326	20976			

IMMUNIZATION REPORT - 1978

Number of "Student Days" for Observation/Participation with
Calgary Local Board of Health - 1978

		<u>Totals</u>
<u>SCHOOL OF NURSING:</u>	<u>Students</u>	<u>Days</u>
<u>University of Calgary</u>		
Faculty of Nursing		
Generic Degree Program	<u>4th year</u> 9 students x 20 days	9 180
Post R.N. Degree Program	<u>1st year</u> 5 students x 4 days 2 students x 20 days	5 20 2 40
Generic Degree Program	<u>2nd year</u> 20 students x 2 days	20 40
Faculty of Medicine		
Medical Students	2 students x 0.5 day	2 1
Pediatric Residents	8 residents x 1 day	8 8
Clinical Clerks	3 students	3 2
<u>Holy Cross Hospital</u>	<u>3rd year</u> 20 students x 1 day	20 20
<u>Foothills Hospital</u>	<u>2nd year</u> 20 students x 1 day	20 20
<u>Mount Royal College,</u> <u>Department of Nursing</u>	21 students x 1 day	21 21
<u>Others</u>		
Dietetic Interns	4 students	4 3.5
Calgary General Hospital Obstetrical Staff Nurses	3 nurses x 1 day	3 3
	NUMBER OF STUDENTS	127
	T O T A L S :	
	NUMBER OF "STUDENT DAYS"	408.5

FAMILY PLANNING CLINIC

The Family Planning Clinic program changed very slightly in 1978. The clients attendance increased 17% over 1977. Clinic times remain the same, being held on Mondays, Tuesdays, and Thursdays (total 6 sessions per week), from 4:00 - 9:00 P.M. by appointment. Clients receive comprehensive counselling and medical care for contraception, pregnancy testing, and women's health concerns. Every clinic is staffed by a receptionist, a doctor, also 3 rotating gynecologists one in attendance every other Thursday evening session. A nurse and two interviewers look after the clients.

The Pregnancy Counselling program began in 1977. There has been an increase of 119% since that time. Part of this increase in the clientele is directly related to more patient referrals from private physicians and community agencies.

Dr. I. Peintner
Director

PATIENTS ATTENDING FAMILY PLANNING CLINIC - 1978

PATIENTS ATTEND - ING CLINIC		TOTAL PATIENTS VISITS		NEW PATIENTS		SESSIONS		I. U. D. 'S INSERTED		PREGNANCY TEST		PREGNANCY COUNSELLING CLIENTS	
JANUARY	1244	JANUARY	1362	JANUARY	418	74	79	1463	167	POSITIVE	68	54	
FEBRUARY		FEBRUARY		FEBRUARY					NEGATIVE		99		
MARCH		MARCH		MARCH									
APRIL	1354	APRIL	1475	APRIL	430	76	105	1492	122	POSITIVE	39	52	
MAY		MAY		MAY					NEGATIVE		83		
JUNE		JUNE		JUNE									
JULY	1285	JULY	1388	JULY	426	72	63	1148	131	POSITIVE	56	42	
AUGUST		AUGUST		AUGUST					NEGATIVE		75		
SEPTEMBER		SEPTEMBER		SEPTEMBER									
OCTOBER	1174	OCTOBER	1235	OCTOBER	379	70	52	1024	117	POSITIVE	42	45	
NOVEMBER		NOVEMBER		NOVEMBER					NEGATIVE		75		
DECEMBER		DECEMBER		DECEMBER									
YEAR COUNT	5057	TOTAL	5460	1653	292	299	5127	537	205	POS	193		



DENTAL DIVISION ANNUAL REPORT - 1978.

In 1978, the City of Calgary Health District Dental Division staff continued to foster the long range goal of raising the level of oral health in the Calgary community and developing innovative ways of delivering dental health services to the community.

The Calgary dental program is a synergistic system consisting of three functionally related components: (1) education, (2) prevention, and (3) treatment. These components are overlapping and interdependent. The planning and updating of such a program is a complex process requiring the "planner(s)" to keep in mind many separate components. Each portion of the program must be continuously evaluated, both on its own merits and in relation to the total program. A change in one part of the program may affect either the development or the functioning of another component.

In anticipation of growing public reaction and expectations, the Dental Division staff have, along with their normal duties, accepted broadened social responsibility by initiating and/or participating in various areas of research which hopefully will lead to more effective health (dental) care for the Calgary community and Alberta as a whole, namely:

- A. Participation in two province-wide surveys in an attempt to outline the current status of oral care in the province, identify the issues of urgent concern to the public, profession and the government, and perhaps describe the means by which oral care could be made available to more people.
 - i- Dental Health Status Survey of specified age groups (6-7 and 13-14 years) of children representative of the various regions of the province.
 - ii- Resource Survey to obtain information concerning the number, type and scope, etc. of dental public health programs in Alberta.

B. Initiation of evaluation proceedings for the purpose of examining the validity of the Divisions present program objectives and procedures, and if necessary to assist in the development of new strategies to ensure the provision of better methods of providing dental health services to the community. For example, the providing of appropriate dental health information and/or services to special target groups such as:

- i- expectant parents.
- ii- staff of preschool centres, schools and provincial institutions.
- iii- the geriatric population including those in old age homes, nursing homes, etc.

DENTAL DIVISION GOALS

46.

(With Sample Objectives and Indicators)

Goal 1

To effect systematic planning and sustained implementation of health education.

OBJECTIVE

To encourage people to use the existing health care system more intelligently and more effectively.

Clinical Dentists
Dental Hygienists
Dental Assistants

PERFORMANCE INDICATORS

- * The design, production and distribution of materials suitable for promoting the Dental Division programs.
- * The improved utilization of clinical services by the community.
- * The sustained improvement of individual patient attitudes and oral health habits.

OBJECTIVE

To inform parents and/or guardians of their children's dental defects and the possible consequences of such defects remaining untreated.

Clinical Dentists
Dental Assistants

Dental Hygienists

PERFORMANCE INDICATORS

- * 2,708 dental examinations (with appropriate follow-ups) were conducted during 1978.
- * 9,107 visual examinations (with appropriate referrals) were completed during 1978.

OBJECTIVE

To ensure the individual is aware of and encouraged to follow good dental health practices.

Clinical Dentists
Dental Assistants

Dental Hygienists

PERFORMANCE INDICATORS

- * 2,611 clinical educational sessions were conducted during 1978.
- * 9,050 clinical educational sessions were conducted during 1978.
- * Lesson plans, educational materials, etc. were designed to be used with children of various ages.

Goal 2
*To provide the highest quality
 of treatment services
 to the children of Calgary.*

OBJECTIVE

To provide diagnostic and prognostic services on request.

Clinical Dentists
 Dental Assistants

PERFORMANCE INDICATORS

- * 5,858 appointments were assigned during 1978.

OBJECTIVE

To provide treatment services (fillings, extractions, crowns, etc.).

Clinical Dentists
 Dental Assistants

PERFORMANCE INDICATORS

- * 2,822 teeth were restored to healthy functioning units.
- * 441 teeth were extracted during the 1978 year.

OBJECTIVE

To provide minor preventive orthodontic therapy.

Clinical Dentists
 Dental Assistants

PERFORMANCE INDICATORS

- * 119 appliances were inserted during the 1978 year.

OBJECTIVE

To provide emergency dental health care services for the relief of pain and/or anxiety.

Clinical Dentists
 Dental Assistants

PERFORMANCE INDICATORS

- * 245 emergency cases were handled during 1978.

Goal 3

To provide preventive treatment services for the purpose of reducing dental disease.

OBJECTIVE

To provide prophylaxes (tooth-cleaning) on request.

Clinical Dentists
Dental Assistants

PERFORMANCE INDICATORS

* 1,944 prophylaxes were completed during 1978.

Dental Hygienists

* 9,050 prophylaxes were completed during 1978.

OBJECTIVE

To provide the application of topical fluoride on request.

Clinical Dentists
Dental Assistants

PERFORMANCE INDICATORS

* 1,901 patients were treated with topical fluoride during 1978.

Dental Hygienists

* 9,032 patients were treated with topical fluoride during 1978.

OBJECTIVE

To promote the use of dietary fluoride supplements for those children not on communal water fluoridation.

Clinical Dentists
Dental Hygienists
Dental Assistants
Nursing Division

PERFORMANCE INDICATORS

* 32,681 fluoride prescriptions were dispensed by the Local Board of Health.

Goal 4

To correlate dental health activities at the local level with health programs at school level.

OBJECTIVE

To continue research into better methods of providing dental health services to the school community.

Dental Hygienists

PERFORMANCE INDICATORS

- * The continuation of programs (flossing, mouthrinsing) in the Calgary School System which emphasize the role of prevention in dental health.

OBJECTIVE

To perform cursory oral examinations on children within the school environs.

Dental Hygienists

PERFORMANCE INDICATORS

- * 1,621 oral examinations were completed during the 1978 year.

OBJECTIVE

To provide classroom instruction and/or information (on request) on dental health topics.

Dental Hygienists

PERFORMANCE INDICATORS

- * 30,075 students were instructed regarding various aspects of dental health during 1978.

OBJECTIVE

To involve students (and teachers) in participatory learning activities (brushing, flossing, mouthrinsing, etc.) to encourage the establishment of personal preventive dental health habits.

Dental Hygienists

PERFORMANCE INDICATORS

- * 4,972 Grade 3 students participated in organized brush-ins during 1978.
- * 5,159 Grade 5 students participated in flossing sessions during 1978.

Goal 5

To correlate dental health activities at the local level with health programs at preschool level

OBJECTIVE

To develop meaningful dental health programs within Calgary's pre-school system.

Dental Hygienists

PERFORMANCE INDICATORS

- * Puppet plays, prepared by the hygienists, were presented to 8,909 preschool children.

OBJECTIVE

To provide clinical information-orientation activities for preschool groups on request.

Clinical Dentists
Dental Hygienists
Dental Assistants

PERFORMANCE INDICATORS

- * A total of 15 field trips to dental division clinical areas, were handled during 1978.

OBJECTIVE

To provide resource personnel to discuss dental health topics with parents of pre-school children.

Clinical Dentists
Dental Hygienists

PERFORMANCE INDICATORS

- * Discussions were held with parents accompanying their children on the clinical orientation sessions.

Dental Hygienists

- * Participation in pre-school clinics in conjunction with the Community Health Nurses.

Goal 6

To enlist the support of all individuals, groups and agencies dedicated to the promotion of individual health.

OBJECTIVE

To encourage health professionals to become more effective educators of the public by making them aware of the magnitude of the dental disease problem, and the types of public health services and facilities available to combat it.

Clinical Dentists
Dental Hygienists
Dental Assistants

PERFORMANCE INDICATORS

- * Visits were made to the various clinics by private dental practitioners, pediatric residents.
- * Presentations were made to the community health nurses within the Calgary Health District, Local Board of Health.

OBJECTIVE

To stimulate and conduct public informational and educational programs designed to improve the health and welfare of the community.

Clinical Dentists
Dental Hygienists

PERFORMANCE INDICATORS

- * Talks on various dental topics were presented to a wide variety of community groups including instructors and boys/girls involved in the Busy-Bee and Brownie Groups, students and staff at the Children's Hospital, and prenatal talks to students & teachers at the School for Unwed Mothers (Adult Day Centre).

OBJECTIVE

To inform and encourage the Calgary community to become more aware of the benefits and need for fluoridation.

Clinical Dentists
Dental Hygienists
Dental Assistants

PERFORMANCE INDICATORS

- * Requests for information and advice from the general public and allied professional health workers.

Goal 6 (continued..)

To enlist the support of all individuals, groups and agencies dedicated to the promotion of individual health.

OBJECTIVE

To encourage and assist students in preparing, qualifying and establishing themselves in health careers.

Clinical Dentists
Dental Hygienists
Dental Assistants

PERFORMANCE INDICATORS

- * Continual visits were made to the various dental clinical areas by dental students, dental assistant students from S.A.I.T., nursing students, medical students, dietetic internes during the 1978 year.
- * Presentations were made to nursing students from the Faculty of Nursing, U. of C. and students at Mount Royal College enrolled in the Rehabilitation Counsellor & Early Childhood Education Courses.
- * Increasing requests for dental health education information, etc. from students.

OBJECTIVE

To establish and promote liaison and cooperation with and between other organizations concerned with health care.

Clinical Dentists
Dental Hygienists
Dental Assistants

PERFORMANCE INDICATORS

- * Members of the dental division served on task force committees, associations.
- * The dental division handled many requests for specific statistical information from various supporting agencies.
- * A total of 24 fee estimates were validated for government agencies.
- * The dental division processed numerous requests for advice and information from health professionals.

OBJECTIVE

To reduce dental misunderstandings by education of people about the scope and limitations of dentistry.

Clinical Dentists
Dental Hygienists
Dental Assistants

PERFORMANCE INDICATORS

- * Numerous requests for information and advice from the general public by means of telephone calls and personal contacts, were processed by the dental division staff.

Goal 7

To effect systematic investigation of dental needs in order to develop more comprehensive oral health programs in the Community.

OBJECTIVE

To identify feasible strategies to use in disseminating meritorious preventive concepts to the community at large.

Dental Division Staff

PERFORMANCE INDICATORS

- * Establishment of oral health teams responsible for reviewing available resources and information related to fluoridation, prenatal dentistry, geriatric dentistry.

OBJECTIVE

To modify existing programs as more efficient educative/preventive dental measures become available.

Dental Division Staff

PERFORMANCE INDICATORS

- * Inclusion of pit and fissure sealants.
- * Modification of lesson plans to be used in the various dental education programs.

OBJECTIVE

To continue research into providing appropriate dental services to special childrens groups.

Dental Division Staff

PERFORMANCE INDICATORS

- * Through liaison with staff of the Children's Service Centre, to develop plans to provide appropriate dental services for the children within the institution.

OBJECTIVE

To continue research into providing appropriate dental health education for special target groups.

Dental Division Staff

PERFORMANCE INDICATORS

- * Compilation of data for utilization in possible preventive-education programs dealing with expectant parents, geriatric population.

Goal 7 (Continued..)

To effect systematic investigation of dental needs in order to develop more comprehensive oral health programs in the Community.

OBJECTIVE

To continue research into providing more comprehensive dental services for special adult groups.

Dental Division Staff

PERFORMANCE INDICATORS

- * Through co-operation with appropriate personnel from the University Dental Faculty, Calgary Dental Association, Auxiliary Hospitals, develop resources and priorities for the geriatric population.

OBJECTIVE

To continue research into the most suitable way of updating standards and guidelines for community dental services.

Dental Division Staff

PERFORMANCE INDICATORS

- * Participation in a Provincial Dental Health Status Survey.
- * Participation in a Provincial Resource Survey.
- * Initiation of formal evaluation proceedings for the Calgary Dental Programs.

ANNUAL REPORT FOR THE ENVIRONMENTAL HEALTH INSPECTION DIVISION

THE CITY OF CALGARY HEALTH DISTRICT

The Environmental Health Services Division of The Local Board of Health has completed another successful year.

There have been five changes in staff. Jim Monument left to go into the restaurant business, and Mike Riefman, Valerey Bilusack, John Byrne and Tim Shum joined the staff of district inspectors.

A public health inspector trainee, Brenda Dennis, was with us for three months. Her duties were taking water and swimming pool samples, and delivering results back to locations where taken. She also completed her three month field training with the district inspectors.

The food inspection and sampling division reports that:

During the year there were 1275 swabs taken of utensils in food establishments. There were 151 food samples analyzed at Baker Laboratory for food poisoning and 131 samples sent to the Provincial Laboratory in Airdrie for routine checks. There were eleven samples that were analyzed which might have caused food poisoning. Eight samples showed *Staphylococcus Aureus*, two samples showed *E. Coli* and one sample showed *Clostridium Perfringens*.

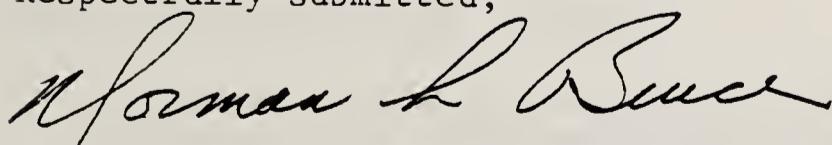
There were 180 plans checked of new food premises submitted from the City Planning Department for our approval.

Following are reports from the inspectional division with three pages of some of the specific reports from the computer print-out. Also, reports from the following:

Health Education
Housing
Complaints & Information
Milk
1978 Calgary Exhibition & Stampede

I am pleased to express once more my appreciation for the continued support and counsel received from the Medical Officer of Health, the Assistant Medical Officer of Health and the Public Health Nursing Staff. Also, I wish to commend the Inspectional Staff on a job well done. Their cooperation has been greatly appreciated.

Respectfully submitted,



N.L. Bruce, C.S.I. (C.), M.R.S.H.
Chief Public Health Inspector

ANNUAL REPORT-1978-HEALTH EDUCATION-INSPECTION DIVISION

During the year, 1978, programs were presented to the following groups:

No. of Presentations

1	University of Calgary
8	Southern Alberta Institute of Technology & Mount Royal College
4	Vocational Schools
101	Food Sciences Classes
25	Elementary Schools (with Community Health Nurse)
7	Food Industry
2	Canadian Restaurant Association Course #1 (2 day program)
5	Canadian Restaurant Association Course #2 and #3 (1 day program) Banff, Calgary, Edmonton
8	Staff Orientation
29	Nursing Homes & Hospitals
4	Other: Press (1), Homemakers (1), Singles Club (1), R.T. Alderman, (Parents) (1)
1	Medical Students
1	Dietetic Interns

The total presentations were 196 with a total attendance of 6,745.

Three hundred (300) food handlers graduated from the National Sanitation Training Program.

The following are the breakdowns of media presentations:

Radio	3
Newspaper	4
T.V.	3
National Press Coverage	1

307 requests for sanitation materials (pamphlets, posters) were filled.
2 interviews were held with students interested in becoming Public Health Inspectors.

Other Areas of Activity Included:

- Attendance at Alberta Restaurant & Food Services Association Board of Directors (Local and Provincial) meetings in Calgary and Edmonton.
- Attendance at National Canadian Institute of Public Health Inspectors Annual Convention in Cambridge, Ontario.

- 2 -

- Attendance at Seminar and Annual Meeting of the Alberta Association of Food and Milk Sanitarians in Calgary.
- Attendance at Alberta Branch, Canadian Institute of Public Health Inspectors Annual Meeting in Red Deer.
- Attendance at three Canadian Institute of Public Health Inspectors National Executive Meetings in Toronto in my capacity as Executive Secretary-Treasurer.
- Attendance at Press Party in Edmonton prior to Midwest Show.
- Attendance at Meetings of Public Health Inspectors Provincial Liquor Control Board Staff.

Hi-lites of 1978 Included:

Coordinating and chairing a National Sanitation Training Program which was held in conjunction with Canadian Restaurant & Food Services Association Midwest Show in Edmonton, which was attended by 145 food handlers.

Coordinating and chairing a National Sanitation Training Program in Banff, which was attended by 40 food handlers.

Due to the increase of bookings for sanitation programs, I had to cancel my involvement with the Public Health Nurses in elementary schools on personal hygiene programs.

The Inspection Division is continuing to receive most favorable comments nationally and locally as a result of our health education programs.

In closing, I would be remiss if I did not express my sincere appreciation to Dr. Hosking, Norm Bruce and fellow Public Health Inspectors for their continuing participation and support of the health education programs.

ANNUAL REPORT-1978-HOUSING SECTION-INSPECTION DIVISION

As a result of somewhat more rigid application of the Regulations Respecting Housing, there has been a substantial increase in the number of condemnations made of housing premises during 1978. This action appears to bring about complaints in a far more efficient manner. These condemnations were made primarily as a result of premises found to be in a serious state of disrepair.

District inspectors have taken a greater interest in initiating action in housing problems. This has allowed a greater amount of time to be spent on specific problems.

In one particular instance during the past year, the Local Board of Health registered a caveat against a property. The caveat is one restricting use of the property to a single family residence. This particular action appears to have been quite successful, as enquiries have been made to the Local Board of Health regarding the caveat by prospective buyers of the property. It is anticipated that this particular technique will be utilized more in the future.

One area of concern that has arisen in the past year is the legal ramifications of condominium ownership. (Condominium corporation responsibility vis-a-vis unit owner responsibility). This matter is presently under study by the Board.

The total number of inspections made in private and multiple dwelling premises for 1978 total 2,232, with complaint inspections generating virtually half of those calls. Specific information in this regard is contained in the statistical information included in the Inspection Division Report.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	TOTALS
Milk Plant Inspections			1		2	1	1			1			6
Permits Issued to Milk Plants	2												2
Retail Store Inspections	87	87	95	37	120	50	89	37		48	65	48	763
Complaints - Received				1	1								2
Complaints - Justified				1	1								2
Division 33 (Repeats) Samples	36	22	7	6	14	10	13	29	9	17	9	15	187
Distrubtor's Samples Collected	153	115	161	104	131	107	113	141	100	121	115	113	1473
Milkshake and Soft Ice Cream Samples (Dairy Bars)	13	29	19		42	34	33	44	51	35	22	4	326
Retail Store Samples	50	69	71	71	95	76	78	89	69	58	102	41	869
TOTAL Samples Collected	341	322	356	220	404	278	327	340	229	280	313	220	3630

AVERAGE BUTTER FAT CONTENT - 1978

Homogenized Milk	3.36	Skim Milk	.07	Partly Skimmed	2.23
Substandard Cream	10.46	Whipping Cream	35.85		

During the year milk samples were taken from the Palm and Alpha Dairies. Samples from the Lucerne plant of Edmonton were picked up at Safeways stores. In general the results were satisfactory and in cases where the bacteria count and/or the coliforms were high, these were discussed with management of the plants and the problems were located and corrected.

Samples from the stores throughout the city were submitted for examination and when bacteria counts were not staisfactory samples were taken again from that store and the dairy was notified as well.

Ice cream samples from dairy bars were taken during the year. Follow-up on high bacteria counts did indicate that a more thorough sanitizing job on equipment was necessary. Operators were instructed on the proper cleaning and sanitizing of equipment.

During the year Foothills Health Unit, High River, reported a case of Infectious Hepatitis on a Hutterite Colony who were milk shippers to Alpha dairies were notified that this colony could not ship milk until the colony was cleared of the disease.

TYPE OF PREMISES	ROUTINE INSPECTION YTD	INSPECTION PARTICULARS	YTD	ACTION TAKEN	YTD
'A' RESTAURANT					
	3,267	Building Defect	118	Nil	1,641
		Heating	3	Recommendation	994
		Alterations	114	Written Order	133
		Washroom Facilitie	203	Closure	1
		Hazards	1	Referral	4
		Maintenance	877	Food Seizure	2
		Equipment	244	Information Given	173
		Waste Disposal	45	Transfer/Init Permi	45
		Unsightly Premises	14	Permit Re-Issue	237
		Dishwashing	70	Permit Ref/Withdra	3
		Food Protection	352		
		Personnel	89		
		Infestations	21		
		Animals	2		
		Lab Sample	2		
		Swab Test	65		
		Water Supplies	3		
		Environmentl Cntrl	2		
		After 4 P.M.	40		
		No Violation	1,653		
		No Entry	71		
		Closed Premises	22		
RES. RESTAURANT					
	2,019	Building Defect	65	Nil	1,196
		Heating	1	Recommendation	514
		Alterations	39	Written Order	58
		Washroom Facilitie	93	Closure	1
		Maintenance	365	Referral	3
		Equipment	120	Information Given	76
		Waste Disposal	15	Transfer/Init Permi	24
		Unsightly Premises	4	Permit Re-Issue	125
		Dishwashing	11	Permit Ref/Withdra	2
		Food Protection	176		
		Personnel	59		
		Infestations	6		
		Animals	2		
		Lab Sample	1		
		Swab Test	1		
		Water Supplies	1		
		Environmentl Cntrl	2		
		After 4:00 P.M.	18		
		No Violation	1,172		
		No Entry	60		
		Closed Premises	20		
FOOD STORE					
	3,495	Building Defect	76	Nil	2,373
		Heating	2	Recommendation	634
		Alterations	33	Written Order	59
		Washroom Facilitie	179	Closure	1
		Maintenance	513	Referral	7
		Equipment	113	Food Seizure	1
		Waste Disposal	25	Information Given	111
		Unsightly Premises	9	Transfer/Init Permi	41
		Dishwashing	4	Permit Re-Issue	234
		Food Protection	366	Permit Ref/Withdra	2
		Personnel	19		
		Infestations	4		
		Animals	7		
		Environmentl Cntrl	1		
		After 4:00 P.M.	33		
		No Violation	2,421		
		No Entry	24		
		Closed Premises	39		

TYPE OF PREMISES	ROUTINE INSPECTION YTD	INSPECTION PARTICULARS	YTD	ACTION TAKEN	YTD
BAKERY					
	576	Building Defect	18	Nil	344
		Heating	1	Recommendation	152
		Alterations	13	Written Order	24
		Washroom Facilitie	33	Closure	1
		Maintenance	150	Referral	1
		Equipment	40	Information Given	16
		Waste Disposal	7	Transfer/Init Permi	5
		Food Protection	47	Permit Re-Issue	26
		Personnel	12		
		Infestations	6		
		Animals	1		
		After 4:00 P.M.	4		
		No Violation	327		
		No Entry	9		
		Closed Premises	7		
LIQUOR OUTLET					
	552	Building Defect	9	Nil	381
		Alterations	16	Recommendation	95
		Washroom Facilitie	18	Written Order	20
		Maintenance	64	Referral	3
		Equipment	12	Information Given	40
		Waste Disposal	2	Transfer/Init Permi	1
		Unsightly Premises	1	Permit Re-Issue	3
		Dishwashing	62		
		Food Protection	24		
		Personnel	1		
		Infestations	1		
		Swab Test	32		
		After 4:00 P.M.	12		
		No Violation	341		
BARBER & BEAUTY SH					
	855	Building Defect	4	Nil	722
		Heating	1	Recommendation	78
		Alterations	5	Written Order	12
		Washroom Facilitie	40	Referral	1
		Maintenance	88	Information Given	24
		Equipment	46	Transfer/Init Permi	8
		Waste Disposal	11	Permit Re-Issue	1
		Personnel	5		
		Water Supplies	1		
		After 4 P.M.	10		
		No Violation	669		
		No Entry	19		
		Closed Premises	21		

TYPE OF PREMISES	COMPLAINT INSPECTIONS	Y.T.D.	INSPECTION PARTICULARS	YTD	ACTION TAKEN	YTD
PRIVATE DWELLING						
	570		Building Defect	72	Nil	168
			Heating	34	Recommendation	214
			Alterations	3	Written Order	89
			Washroom Facilitie	8	Closure	2
			Hazards	4	Referral	20
			Maintenance	20	Food Seizure	1
			Equipment	5	Information Given	67
			Waste Disposal	169		
			Unsightly Premises	49		
			Food Protection	9		
			Infestations	42		
			Animals	76		
			Lab Sample	28		
			Swab Test	1		
			Water Supplies	10		
			Environmentl Cntrl	12		
			No Violation	65		
			No Entry	47		
			Closed Premises	1		
MULTIPLE DWELLING						
	566		Building Defect	166	Nil	205
			Heating	80	Recommendation	145
			Alterations	7	Written Order	138
			Washroom Facilitie	26	Closure	2
			Hazards	3	Referral	12
			Maintenance	81	Information Given	50
			Equipment	12		
			Waste Disposal	63		
			Unsightly Premises	20		
			Infestations	70		
			Animals	44		
			Lab Sample	2		
			Swab Test	1		
			Water Supplies	3		
			Environmentl Cntrl	5		
			After 4:00 P.M.	5		
			No Violation	73		
			No Entry	60		
			Closed Premises	1		
INSTITUTIONS	ROUTINE INSPECTION	YTD				
	261		Building Defect	7	Nil	205
			Heating	2	Recommendation	27
			Alterations	4	Written Order	1
			Washroom Facilitie	27	Referral	3
			Maintenance	43	Information Given	14
			Equipment	15	Transfer/Init Permi	2
			Waste Disposal	6	Permit Re-Issue	6
			Dishwashing	9		
			Food Protection	19		
			Personnel	6		
			Swab Test	2		
			Environmentl Cntrl	1		
			After 4 P.M.	5		
			No Violation	177		
			No Entry	9		
SWIMMING POOLS						
	194		Building Defect	3	Nil	133
			Alterations	1	Recommendation	23
			Washroom Facilitie	4	Written Order	1
			Hazards	1	Referral	2
			Maintenance	23	Information Given	34
			Equipment	17		
			Waste Disposal	1		
			Personnel	1		
			Lab Sample	6		
			Swab Test	1		
			Water Supplies	10		
			After 4:00 P.M.	3		
			No Violation	131		
			No Entry	3		
			Closed Premises	3		

ANNUAL REPORT-1978-COMPLAINTS-INSPECTION DIVISION

During each working day of 1978, I handled an approximate average of 26-28 telephone calls per day. These calls were for the most part complaints or queries from the public. Of these complaints or queries, the majority were handled by myself by discussing the problem with the caller.

These discussions always vary in length and most frequently were settled verbally. This saves the necessity for field inspectors to telephone or visit the caller, consequently leaving him more available time for his field work.

Office visits were usually only one or two per working day. These visits were most often for identification and recommended control of insects, analysis of foods, discussion of regulations, etc. In most cases, these can be handled in the office without referral to senior or field inspectors.

An average of about twelve (12) planning applications were processed each day.

Since I must review each computer form twice as they are received, i.e., copy #1 for errors (codes, dates, etc.) and copy #2 (remarks and action taken, etc.), I reviewed up to 200 computer forms daily in 1978.

A more detailed numerical breakdown of the figures quoted in this report may be found on the quarterly reports submitted earlier. I would find it difficult to specifically report on the frequent requests for "up date" reports from Social Service departments of the city and/or province. Although my duties may seem basically clerical, the position demands some extra expertise in such things as entomology, computer programming, general knowledge of all sections of the public health team, and the ability to deal tactfully with the public.

ANNUAL REPORT-1978-INSPECTION DIVISIONCALGARY EXHIBITION & STAMPEDE, JULY 7 TO 16, 1978

Once again the Calgary Exhibition and Stampede was covered by four Public Health Inspectors, (B.J. Morris, J. Raven, M. Riefman, R.H. Griffiths) under the direction of Mr. N.L. Bruce, Chief Public Health Inspector.

This year there were 310 written reports submitted to the various concessionaires during the course of the Stampede as well as numerous visual inspections made.

There were no complaints to the Board of Health re the Bridge Brand Commissary. The premises were inspected at least three times daily and they must be complimented on storage and handling of all food supplies. This control has made the work of the Health Inspector much easier.

The general overall sanitation was satisfactory. The one item that seemed to give us the most trouble was hair control. The grounds were kept in good condition by the youth patrol. This group must be given credit for keeping the grounds clean during the day and early evening. Garbage pick-up was good and when those in charge were asked to empty containers, this was done right away. The "Sutter Saltwater Taffy" concession would like to have the bulk garbage container moved further away from their area as they were bothered by the odor when the weather was hot.

A number of concessionaires had problems during and after the rain as their stands were in puddles. This will be noted later under recommendations.

A number of food samples were taken and submitted to the Provincial and City laboratories for analysis. Palm Dairies had a problem with their "Reefer" and had supplied some sour ice cream mix to their customers. As soon as it was discovered, they immediately removed all the ice cream mix and replaced it with fresh mix.

A complaint was received about a strong urine odor. This could have been coming from a motorhome parked beside the "Little Horse Show" or from the "Little Horse Show". After talking with both parties involved, it appeared a leak was discovered in the holding tank of the motorhome. The owner cleaned it up and disinfected the area.

In checking the noise levels it was discovered some rides were above the recommended level. Alien Creatures. Flying Bobs, Lovers Lane, Music Experience and CKXL were all asked to lower the noise. They did, but they appeared to increase it after we left the area. A number of their employees are being submitted to high noise levels.

A couple of Conklin & Murray food stands did not have refrigeration and they were closely watched to see that they did not keep a large supply of meat on hand.

- 2 -

We would like to make the following recommendations:

- (1) Big Four Building - Wider passageway behind the food concessions. This would allow easier access for supplies. Better and more signs indicating where the washrooms are located.
- (2) Food Fare Tent - Low area at north end of tent is allowing water to lie and become stagnant. The drain is higher and more asphalt is required to raise the level to allow the water to drain properly. Electrical cords are lying on the ground in the passageway, making cleaning difficult and is also hazardous.
- (3) Drinking Fountains - Drinking fountains should be installed in various areas where food is served, (especially the Big Four Building).
- (4) Casino Snack Bar - Suggest wooden partitions be placed around kitchen areas instead of curtains.
- (5) Food Stands - Food stands must have floors installed in them to protect food items and employees from rain and dampness.
- (6) Regulations - Suggest that a list of requirements be given to the Stampede Board to be issued to each food concessionaire when contract is issued. (This has been done in the past).

Complaints Received:

- (1) Sour ice cream - 17 people claim they tasted the ice cream and it was sour.
- (2) Pizza - One person claimed to be sick from a piece of pizza.
- (3) Urine odor - This was dealt with in this report.

ANNUAL LABORATORY REPORT FOR 1978HIGHLIGHTS FROM MONTHLY REPORTS

The regular sampling of the Elbow River discharging into Glenmore Reservoir (Weasel Head) began on April 4th, 1978.

The average water flow of the Elbow River from April-September was 230 C.F.S. The average water flow of the Bow River from April-September was 2,000 C.F.S. This resulted in a seasonally sufficient supply of the drinking water for the City of Calgary.

The analysis of the "grab samplings" of the Bow River has confirmed the chemical levels to be still within the acceptable levels of the "Canadian Drinking Standards."

In view of the complexities and correlated problems in the chlorination of the drinking water, the Laboratory Supervisor has attended in May the International Aymposium (represented by approximately 30 Countries) "On the Analysis of Hydrocarbons and Halogenated Hydrocarbons" organized by the Canada Centre for Inland Waters and the University of Toronto at the McMaster University in Hamilton.

The Elbow River froze over at the intake of the Glenmore Reservoir on November 15th as compared with November 21st 1977.

LABORATORY REPORT FOR 1978

PERCENTAGE BREAKDOWN

		Total Number of Tests	Percentage of Total Number of Tests
WATER	City water, Water Treatment Plants (Glemore, Bearspaw) Waterworks	29,297	44.7
	WELLS	8,399	12.0
DAIRY PRODUCTS	Pasteurized Milk, Homo partly Skimmed, Skimmed, Cream, Whipping Cream, Cottage Cheese, Fat Anal., Phosphatase Tests, Soft Ice Cream Buttermilk	15,440	23.1
MISC. TESTS	Chemical Analysis, Swab Tests. Bacteriology, Microscopy, Soft Drinks, Cereals, Foreign Matter	13,521	20.2
	GRAND TOTAL	65,043	100.00

SUMMARY: Total Number of Samples Received from all Sources.....14,938
 Total Number of Tests (Analyses) Completed on these samples:
 Water Supplies.....37,696
 Dairy Plants..... 9,454
 Store Milks, Milk Products..... 5.986
 Miscellaneous.....13,521

 Grand Total Number of Tests.....62,736

EXAMINATION OF WATER SUPPLIES

Detailed Report for 1978

Source of Sample	Number of Samples Received	Fermentation Tests	Agar Plate Tests	Results Positive Presumptive Test	Additional Treatment, Confirmation Test	NOT Meeting Canadian Standard	TOTAL No. of Tests
City Water	2450	7350	4900	94	41	0	12,385
Bearspaw Glenmore Plant Treatment Stage	1157	10413	2314	455	116	0	13,298
Waterworks	677	2031	1354	183	46	0	3,614
Well Water	762	6858	1324	169	48	0	8,399
TOTALS	5046	26652	9892	901	251	0	37,696

EXAMINATION OF MILK SUPPLIES - PLANTS

Number of Samples	Phosphatase, Fat Specific Gravity Total Solids, Non-Fat Tests	Coliforms VRA Agar	Plate Count TGME Media	Initially NOT Meeting Provincial Standards	Total No. of Tests
1850	1939	3700	3815	221	9454

STORE MILKS AND MILK PRODUCTS

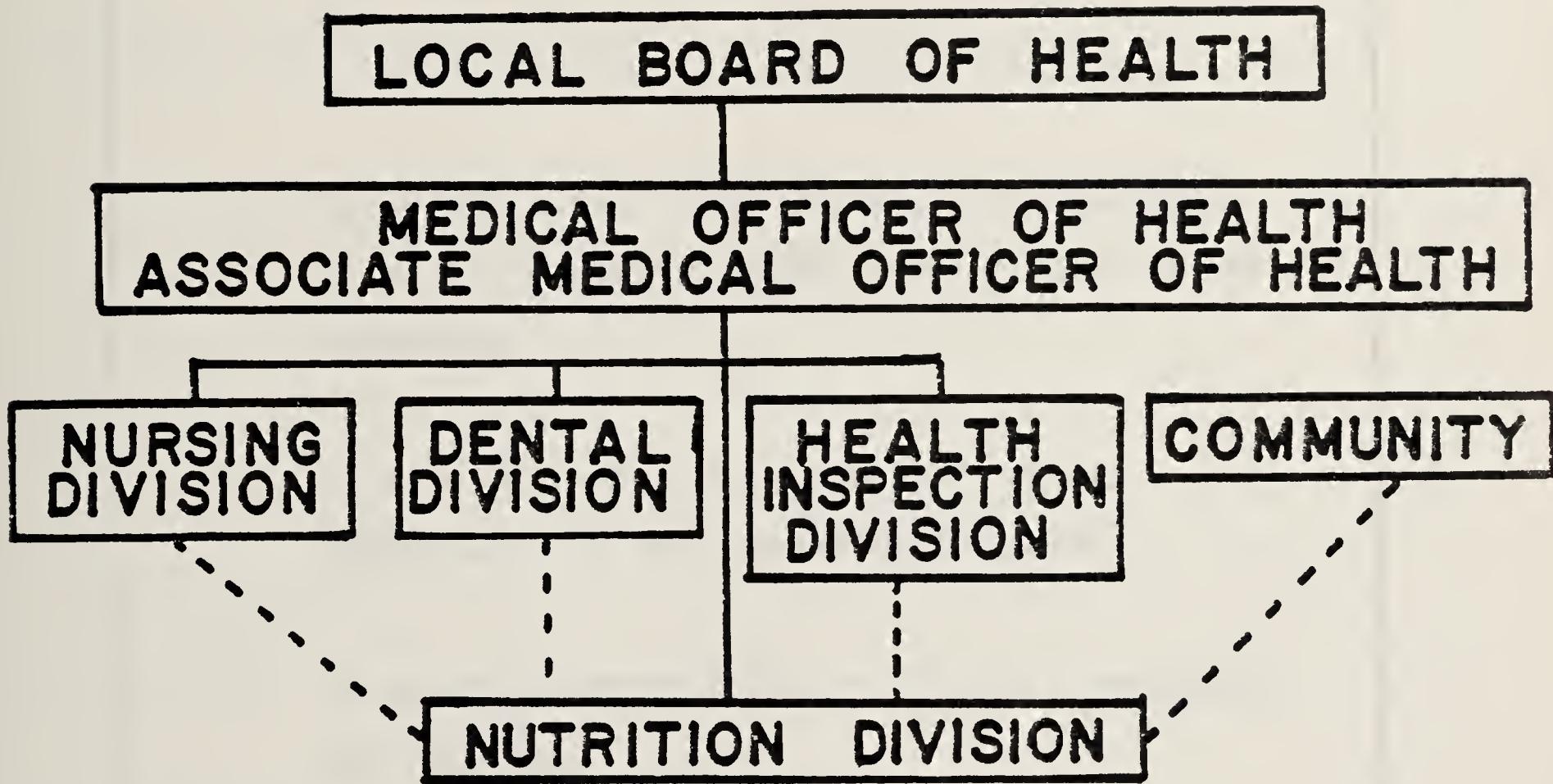
Number of Samples Received	Coliforms VRA Agar	Plate Count	Initially NOT Meeting Provincial Standards	Total Number of Tests
1488	3010	2976	287	5986

MISCELLANEOUS TESTS

	Number of Tests	NOT Meeting Canadian Standard
Chemical Analyses of 913 Water Samples.....	7856	319
Plate Counts of Samples from Restaurants & Beverage Rooms, Utensils.....	5635	812
Chemical, Bacteriological & Microscopic Tests on 6 Samples, i.e. Water, Milk, Foodstuffs & Foreign Matter.....	30	
TOTAL	13,521	

NUTRITION

INTRODUCTION



ROLE OF BOARD NUTRITIONIST

NUTRITION MUST BE CONSIDERED AN INTEGRAL COMPONENT IN ANY PROGRAM WHICH ATTEMPTS TO PROMOTE OPTIMAL HEALTH. THE NUTRITION DIVISION IS, AT PRESENT, COMPOSED OF ONE PERSON WHO, AS ILLUSTRATED ABOVE, ACTS IN A DIRECT SUPPORTIVE ROLE TO THE MANY PROFESSIONALS WITHIN THE LOCAL BOARD OF HEALTH. AS TIME PERMITS, THE NUTRITIONIST ALSO OFFERS ASSISTANCE TO THE COMMUNITY.

OBJECTIVES

1. TO UPDATE LOCAL BOARD OF HEALTH PROFESSIONAL STAFF AS TO CURRENT NUTRITION INFORMATION AND RESOURCES.
2. TO PROVIDE NUTRITIONAL INFORMATION AND COUNSELLING TO THE COMMUNITY AT LARGE.
3. TO MAINTAIN PROFESSIONAL VISIBILITY THROUGHOUT THE PROVINCE.
4. TO ENGAGE IN PUBLIC RELATIONS ACTIVITIES PROMOTING THE LOCAL BOARD OF HEALTH IN GENERAL AND THE NUTRITIONAL COMPONENT IN PARTICULAR.

OBJECTIVE I

TO UPDATE LOCAL BOARD OF HEALTH PROFESSIONAL STAFF AS TO CURRENT NUTRITION INFORMATION AND RESOURCES.

PERFORMANCE CRITERIA

THE LOCAL BOARD OF HEALTH PROFESSIONAL STAFF ARE FACED WITH PROVIDING ACCURATE, CURRENT AND USEFUL NUTRITION INFORMATION TO THE COMMUNITY. IT IS EVIDENT FROM THE COMMUNITY HEALTH NURSING STATISTICS THAT A LARGE NUMBER OF THE COUNSELLING AND GROUP EDUCATIONAL SESSIONS CENTER ON NUTRITION.

IN-SERVICE AND ORIENTATION PROGRAMS, THE DEVELOPMENT OF GUIDELINES AND PROTOCOLS, AND THE PROCUREMENT OF TEACHING AND REFERENCE MATERIALS ARE WAYS IN WHICH THE NUTRITIONIST ASSISTS THE COMMUNITY HEALTH WORKER TO MEET THE CHALLENGE OF PROVIDING QUALITY NUTRITION INFORMATION.

THE IN-SERVICE PROGRAM IS OFFERED ON A QUARTERLY BASIS. A TOTAL OF 40 SESSIONS WERE CONDUCTED THIS YEAR. IN ADDITION, THE NUTRITIONIST PARTICIPATED IN A DEBATE ON BREAST VS BOTTLE FEEDING HELD FOR THE GENERAL NURSING IN-SERVICE PROGRAM. ONE IN-SERVICE PROGRAM WAS PRESENTED TO THE DENTAL HYGIENISTS.

CONSIDERABLE TIME WAS SPENT IN ASSISTING INDIVIDUAL STAFF NURSES WITH SPECIAL PROJECTS, DISPLAYS, LECTURES AND DIET INFORMATION.

THE NUTRITIONIST PARTICIPATED IN 12 ORIENTATION PROGRAMS TO ACQUAINT NEW STAFF WITH NUTRITION SERVICES IN GENERAL, AND THE INFANT NUTRITION GUIDELINES IN PARTICULAR.

OBJECTIVE I

TO UPDATE LOCAL BOARD OF HEALTH PROFESSIONAL STAFF AS TO CURRENT NUTRITION INFORMATION AND RESOURCES.

PERFORMANCE CRITERIA - CONTINUED

NUTRITION REFERENCE MATERIAL AND AUDIO VISUAL AIDS ARE CONTINUALLY ADDED TO THE BOARD'S LIBRARY TO ASSIST WITH EDUCATION PROGRAMS.

AN ANNOTATED BIBLIOGRAPHY WAS DEVELOPED FOR INCLUSION IN THE NURSING MANUAL DESCRIBING THE TEACHING MATERIALS PROCURRED BY THE NUTRITION DIVISION. THE DESCRIPTION INCLUDED OVER 50 ITEMS.

NUTRITION PAMPHLETS WERE EVALUATED FOR THE BOARD'S PAMPHLET FILE.

A DISPLAY, DEPICTING THE BOARD OF HEALTH NUTRITION SERVICES, WAS ORGANIZED FOR THE "STUFFED OR STARVED" FOOD AWARENESS PROGRAM. A PAMPHLET ON NUTRITION SERVICES WAS DESIGNED AND PRINTED FOR THIS OCCASION. AS WELL, DISPLAY IDEAS WERE DEVELOPED FOR THE CLINICS TO USE DURING ALBERTA NUTRITION WEEK.

AN ARTICLE ON JUNK FOOD WAS PREPARED FOR THE ILLUSTRATED ANNUAL REPORT.

A JOB DESCRIPTION WAS WRITTEN FOR THE MEDICAL OFFICER OF HEALTH.

OBJECTIVE 2

TO PROVIDE NUTRITIONAL INFORMATION AND COUNSELLING TO THE COMMUNITY AT LARGE.

PERFORMANCE CRITERIA

A TOTAL OF 45 NUTRITION LECTURES WERE DELIVERED TO A WIDE VARIETY OF COMMUNITY GROUPS INCLUDING PARENTING GROUPS, STUDENT RESIDENT GROUPS, FITNESS AND WEIGHT CONTROL GROUPS, DENTAL HYGIENISTS, EMPLOYEE GROUPS, CORONARY HEART CLUB, AND THE HOME ECONOMICS SPECIALIST COUNCIL.

TWO PROGRAMS ARE WORTHY OF SPECIAL MENTION. FIRST WAS THE SHORT COURSE ON NUTRITION OFFERED FOR DAY CARE WORKERS. THE NUTRITIONIST ORGANIZED AND CONDUCTED FOUR WEEK PROGRAMS IN FEBRUARY AND NOVEMBER. THE TOPICS INCLUDED WERE NUTRITIONAL NEEDS OF CHILDREN, MENU PLANNING, SNACKS, AND TEACHING OPPORTUNITIES. AS IN THE PREVIOUS YEAR, A SECTION ON PRENATAL NUTRITION WAS ORGANIZED AND PRESENTED AS AN INSTRUCTIONAL PROGRAM TO THE FIRST YEAR CALGARY MEDICAL STUDENTS.

OBJECTIVE 2

TO PROVIDE NUTRITIONAL INFORMATION AND COUNSELLING TO THE COMMUNITY AT LARGE.

PERFORMANCE CRITERIA - CONTINUED

FOOD PRICES WERE COLLECTED ON THREE SEPARATE OCCASIONS, IN ORDER TO UPDATE THE BOOKLET GUIDE TO BETTER FOOD BUDGETING WHICH WAS DISTRIBUTED TO PROFESSIONALS THROUGHOUT THE PROVINCE.

SEVERAL THERAPEUTIC DIETS WERE COSTED FOR SOCIAL SERVICES. MENU ASSESSMENTS WERE DONE FOR SEVERAL LOCAL ORGANIZATIONS (DAY CARE CENTERS, SENIOR CITIZEN'S LODGES).

STUDENT TEACHING AND AFFILIATION ACCOUNTS FOR A CONSIDERABLE PORTION OF TIME. TWO HUNDRED AND FIVE HOURS WERE DEVOTED TO THIS ACTIVITY INVOLVING THE CALGARY GENERAL HOSPITAL DIETETIC INTERNS, MOUNT ROYAL STUDENTS AND MEDICAL STUDENTS.

OBJECTIVE 3

TO MAINTAIN PROFESSIONAL VISIBILITY THROUGHOUT THE PROVINCE.

PERFORMANCE CRITERIA

THE NUTRITIONIST SERVED AS A GROUP LEADER FOR A NUTRITION WORKSHOP HELD DURING THE CANADIAN HOME ECONOMICS NATIONAL CONVENTION HELD IN CALGARY. AT THE REQUEST OF THE FAMILY HEALTH SECTION OF THE ALBERTA PUBLIC HEALTH ASSOCIATION, THE NUTRITIONIST ASSISTED WITH THE ORGANIZATION OF A WORKSHOP ON CARDIOVASCULAR DISEASE.

TWO BOOK REVIEWS WERE PREPARED FOR THE CANADIAN HOME ECONOMICS ASSOCIATION JOURNAL. AT THE REQUEST OF HEIB'S (HOME ECONOMISTS IN BUSINESS), THE PRENATAL FILM "EATING FOR TWO" WAS PREVIEWED AND CRITIQUED.

THE NUTRITION SLIDE SERIES FOR THE ELDERLY IS STILL IN PROGRESS. THE DELAY WAS DUE TO CONTRACTING THE PRODUCER. COMPLETION IS EXPECTED IN 1979.

OBJECTIVE 3

TO MAINTAIN PROFESSIONAL VISIBILITY THROUGHOUT THE PROVINCE.

PERFORMANCE CRITERIA - CONTINUED

ONCE AGAIN, THE NUTRITIONIST WAS REQUESTED TO SERVE AS A MEMBER OF THE COMMITTEE TO REVISE THE PROVINCIAL INFANT NUTRITION GUIDELINES. THE MATERNAL AND CHILD HEALTH TASK FORCE CONTINUES THE DEVELOPMENT OF ITS REPORT AND COMPLETION IS EXPECTED NEXT YEAR.

THE NUTRITIONIST CONTINUED HER EXECUTIVE DUTIES FOR THE ALBERTA PUBLIC HEALTH ASSOCIATION IN 1978. FROM JANUARY TO APRIL SHE SERVED AS PRESIDENT AND THEN PAST PRESIDENT FOR THE REMAINDER OF THE YEAR.

ALL REGULAR MEETINGS OF THE PROVINCIAL COMMUNITY HEALTH NUTRITIONISTS WERE ATTENDED.

THE FOLLOWING CONVENTION/SEMINARS WERE ATTENDED: ALBERTA PUBLIC HEALTH ASSOCIATION (RED DEER), SOCIETY FOR NUTRITION EDUCATION (MINNEAPOLIS), SEMINAR FOR GROUP LEADERS (CALGARY), CARDIOVASCULAR DISEASE WORKSHOP (CALGARY).

OBJECTIVE 4

TO ENGAGE IN PUBLIC RELATIONS ACTIVITIES PROMOTING THE LOCAL BOARD OF HEALTH IN GENERAL AND THE NUTRITIONAL COMPONENT IN PARTICULAR.

PERFORMANCE CRITERIA

TELEPHONE INFORMATION WAS PROVIDED TO INDIVIDUALS. (A TOTAL OF APPROXIMATELY 1700 TELEPHONE CALLS WERE RECEIVED).

INDIVIDUAL ASSISTANCE WAS PROVIDED TO HEALTH AND COMMUNITY WORKERS IN 62 INTERVIEWS.

THROUGHOUT THE YEAR, CONTACT WAS MAINTAINED WITH THE MEDIA. FOUR TELEVISION AND FIVE RADIO PROGRAMS WERE PRESENTED. INTERVIEWS WERE GIVEN FOR THREE NEWSPAPER ARTICLES. IN ADDITION, AN INTERVIEW WAS HELD TO DEVELOP AN ARTICLE FOR THE PROVINCIAL ECS NEWSLETTER.

1978 ANNUAL REPORT
FOCUS: FAMILY PLANNING

Focus: Family Planning has been a program of Calgary Local Board of Health since April, 1976. During this time the staff complement has been full-time coordinator, half-time assistant coordinator, and three-quarter time secretary. In 1978 the corps of trained volunteers contributed 328 hours of presentation time. The following figures compare the statistics for 1976, 1977 and 1978:

	<u>1976</u>	<u>1977</u>	<u>1978</u>
No. of Presentations	180	268	241 (241)*
Attendance	4,452	7,299	7,736 (3,538)*
Volunteer Presentation Hours	192.5	456.75	328 (328)

The staff and volunteers of Focus present educational programs in human sexuality and family planning to school classes, community groups, special needs groups and professionals. This year several new kinds of programs were done: a series for the hard of hearing students in the public school system, and one for the adolescents in the Juvenile Detention Centre. In conjunction with the Family Life and Sex Education Team of the Calgary Board of Education, Focus also initiated an Inservice on maturation for Grade 6 school teachers, principles and school nurses.

In the practicum program, we had three fourth year students from the University of Calgary - one Social Work student for 75 days and two nursing students for twenty days each. Three medical students also spent one half day each observing Focus programming.

For continuing staff education four volunteer inservice sessions were held. Staff and volunteers attended the Opportunity for Interchange IV Workshop sponsored by the Family Planning Consultants of Local Health Services on "Contraceptive Update". The coordinator went to the Planned Parenthood Federation of America Conference in San Diego. The assistant coordinator went to the Sexual Attitudes Reassessment Workshop in Edmonton. Three other one day workshops were attended by staff.

The assistant coordinator completed the term of office on the board of Planned Parenthood Alberta in May.

Without the continued interest, enthusiasm and commitment of our volunteers, Focus programs would not be possible. I take this opportunity to express our sincere appreciation for their contribution.

* Note that the 1978 statistics in brackets are tabulated from absolute attendance, not cumulative attendance as in 1976 and 1977.

Respectfully submitted:


Lynn Lennox,
Acting Coordinator

SCHOOL GROUPS:

<u>Program</u>	<u>No. of Presentations</u>	<u>Attendance</u>
Adult Day Centre	1	6
E.P. Scarlett High School	16	95
F.E. Osbourne Junior High School	23	930
James Fowler High School	15	151
Woodman Junior High School	2	35
Van Horne Vocational School	30	152
Queen Elizabeth Junior High School	20	150
R.T. Alderman Junior High School	1	35
Sir Winston Churchill High School	12	195
Western Canada High School	9	93
John Ware Junior High School	10	150
Elboya Junior High School	6	160
Crescent Heights High School	19	100
T.B. Reilly Junior High School	2	140
Bob Edwards Junior High School	2	85
SUBTOTALS	168	2,477

POST SECONDARY EDUCATION GROUPS:

<u>Program</u>	<u>No. of Presentations</u>	<u>Attendance</u>
University of Calgary - Medical School	2	95
University of Calgary - Continuing Education	2	48
Mt. Royal College - Biology Class	3	171
University of Calgary - School of Social Welfare	2	89
SUBTOTALS	9	403

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PHYSICALLY AND EMOTIONALLY HANDICAPPED GROUPS:

<u>Program</u>	<u>No. of Presentations</u>	<u>Attendance</u>
Canadian Mental Health Association		
Life Skills	2	14
Canadian National Institute for the Blind		
Living Skills	9	23
Queen Elizabeth Junior High School		
Hearing Handicapped	11	11
Woods Christian Home	9	23
Detention Centre - Compulsory Care Unit	5	29
SUBTOTALS	36	100

PROFESSIONAL GROUPS

<u>Program</u>	<u>No. of Presentations</u>	<u>Attendance</u>
Shaughnessy Vocational School -		
Workshop for Teachers	1	15
Community Health Nurses Orientation	5	35
Mt. View School - Teachers Workshop	1	20
Mt. View School - Teachers and Community		
Health Nurses Orientation	1	15
Vocational Rehabilitation and Research		
Institute Staff	2	11
Community Health Nurses Inservice	2	70
Red Cross House Staff	4	17
Anderson Road Clinic - Inservice for		
Community Health Nurses	1	15
Inservice for Teachers and Community		
Health Nurses - Bowness Clinic/West School Area	1	31
SUBTOTALS	18	229

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OTHERS:

<u>Program</u>	<u>No. of Presentations</u>	<u>Attendance</u>
Sacred Heart Church - Preparation for Marriage	1	110
Parent Overviews	4	95
Y.W.C.A.	1	35
Pembroke Community Ladies Group	1	15
Calgary Board of Education Family Life Advisory Committee	1	8
Contemporary Woman's Group	1	54
Parenting Class	1	12
SUBTOTALS	10	329

SUMMARY

	<u>No. of Presentations</u>	<u>Attendance</u>
School Groups	168	2,477
Post Secondary Education Groups	9	403
Physically & Emotionally Handicapped Groups	36	100
Professional Groups	18	229
Others	10	329
TOTALS	241	3,538

HOME CARE PROGRAM ANNUAL REPORT - 1978

The past year began with reduced program activities owing to budgetary restraints imposed for the first quarter. However, this slack was more than compensated by a marked increase in staff activity surrounding the planning exercises, development, and implementation of a significantly expanded program resulting from the announced government intention to upgrade Home Care Programs throughout Alberta.

The tempo increased throughout the year and culminated in the addition of four new staff members, the move to new facilities, and a comprehensive orientation program in order to understand and implement the many changes emanating from the centralization of Home Care direction and consultation services.

1 9 7 8

First
Quarter

- BUDGETARY RESTRICTIONS RESULT IN POLICY OF RESTRAINT IN ADMISSIONS COMMENCING DECEMBER, 1977
- PREPARATION FOR EXPANSION COMMENCES BASED ON CONCEPTS ARISING FROM FIRST PLANNING EXERCISE (DECEMBER, 1977)
- MINISTER OF ALBERTA SOCIAL SERVICES AND COMMUNITY HEALTH ANNOUNCES INCREASED FUNDING FOR HOME CARE PROGRAMS

Second
Quarter

- REGULATIONS PASSED APRIL 18, 1978
- SECOND PLANNING EXERCISE HELD EMPHASIZING SENIOR CITIZEN INVOLVEMENT
- PROPOSAL FOR EXPANSION APPROVED BY LOCAL BOARD OF HEALTH AND SUBMITTED TO HOME CARE PROVINCIAL DIRECTORATE

Third
Quarter

- NEW HOME CARE RECORD SYSTEM AND FEE SCHEDULE (BILLING FOR SUPPORT SERVICES) IMPLEMENTED JULY 1, 1978
- REVIEW AND CLARIFICATION OF LOCAL BOARD OF HEALTH'S PROPOSAL WITH HOME CARE DIRECTORATE

Fourth
Quarter

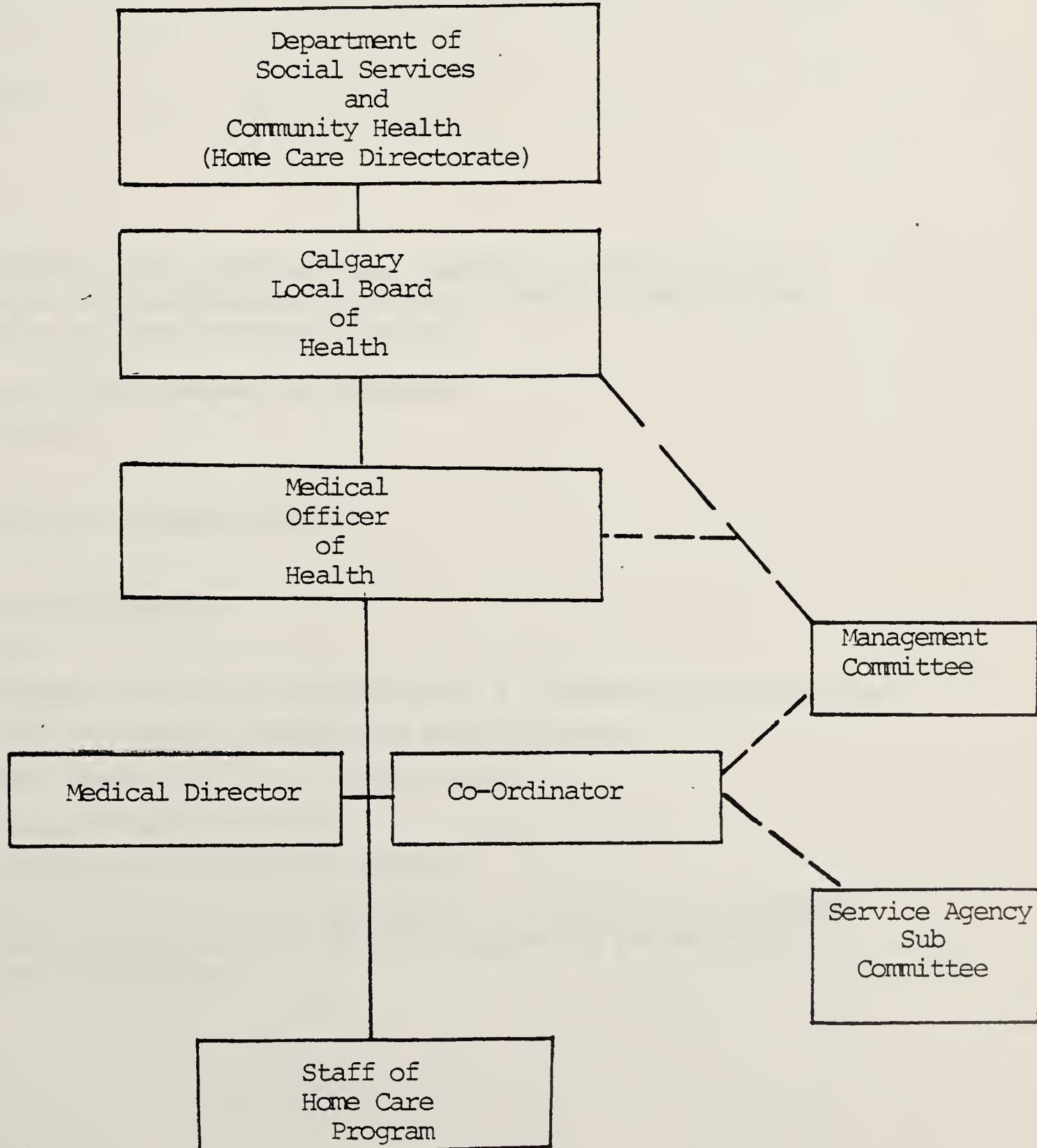
- APPROVAL FOR EXPANSION RECEIVED OCTOBER 10, 1978
- APPOINTMENT OF FOUR HOME CARE COMMUNITY CO-ORDINATORS
- MEMBERSHIP OF HOME CARE MANAGEMENT COMMITTEE APPROVED BY LOCAL BOARD OF HEALTH
- MOVED TO NEW PREMISES AND STAFF ORIENTATION IN PREPARATION FOR IMPLEMENTATION OF EXPANDED PROGRAM, JANUARY 1979.

ORGANIZATIONAL STRUCTURE

The Home Care Program regulations under the Health Unit Act place the ultimate responsibility for all aspects of the Home Care Program organization, administration, and fiscal control in the hands of the Local Board of Health. Under the regulations, the Board is required to "establish at least one committee". The organizational structure of the Local Board of Health, Home Care Program therefore consists of four components:

- a) The Calgary Local Board of Health
- b) The Home Care Management Committee
- c) The Service Agency Sub-Committee
- d) The Administrative Staff of the Calgary Local Board of Health

The relationships amongst these four sections of the organization are outlined in the following diagram:



The Membership of the Management Committee was appointed late in the year and is as follows:

Dr. D.J. Hosking, Medical Officer of Health, Local Board of Health, Chairman

Ms. Dawn Wigmore, Co-Ordinator, Home Care Program, Executive Secretary

Mrs. Jean Fraser, Local Board of Health

Alderman Sue Higgins, Local Board of Health

Mr. Ross Cavey, Associate Director of Calgary Auxiliary Hospital and Nursing Home District #7

Alderman Barbara Scott, City Of Calgary, Preventative Social Services Board

Mr. Ray C. Selby, Calgary Medical Society

Mr. Tom Carnahan, Assistant Executive Director, Calgary General Hospital

Mrs. Elizabeth Shute

Mr. Sid Feader

Mrs. Evelyn Forrester

Mrs. Barbara Hay

Membership on the Service Agency Sub-Committee consists of representatives of the various agencies and organizations providing service to the Program. The present membership includes representatives of:

Calgary Family Service Bureau Homemaking Department

Victorian Order of Nurses

Meals on Wheels

Canadian Red Cross Society, Calgary Branch

Comcare

Upjohn Health Care Services Limited

Calgary Home Domestics

Calgary Auxiliary Hospital and Nursing Home District # 7 Rehabilitation Services

Project Homehelp, City of Calgary, Preventative Social Services

Appointee of Management Committee, Mrs. Elizabeth Shute

Medical Director, Calgary Home Care Program

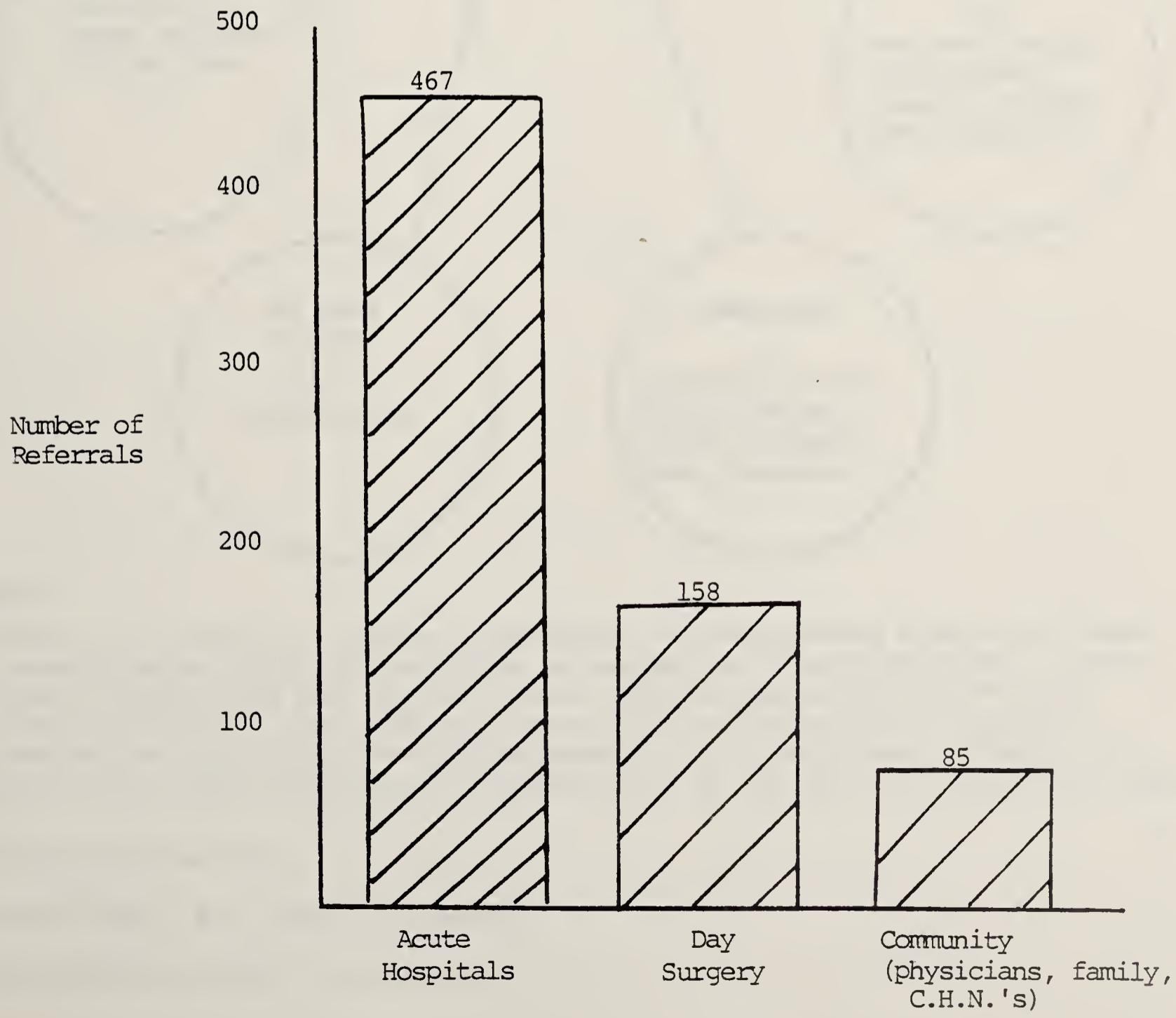
Co-Ordinator, Calgary Home Care Program (Chairman).

The purpose of this committee is to provide input to the Home Care Management Committee and Home Care Co-Ordinator on methods of improving the delivery of services to persons on the Program. .

STAFF ACTIVITIES

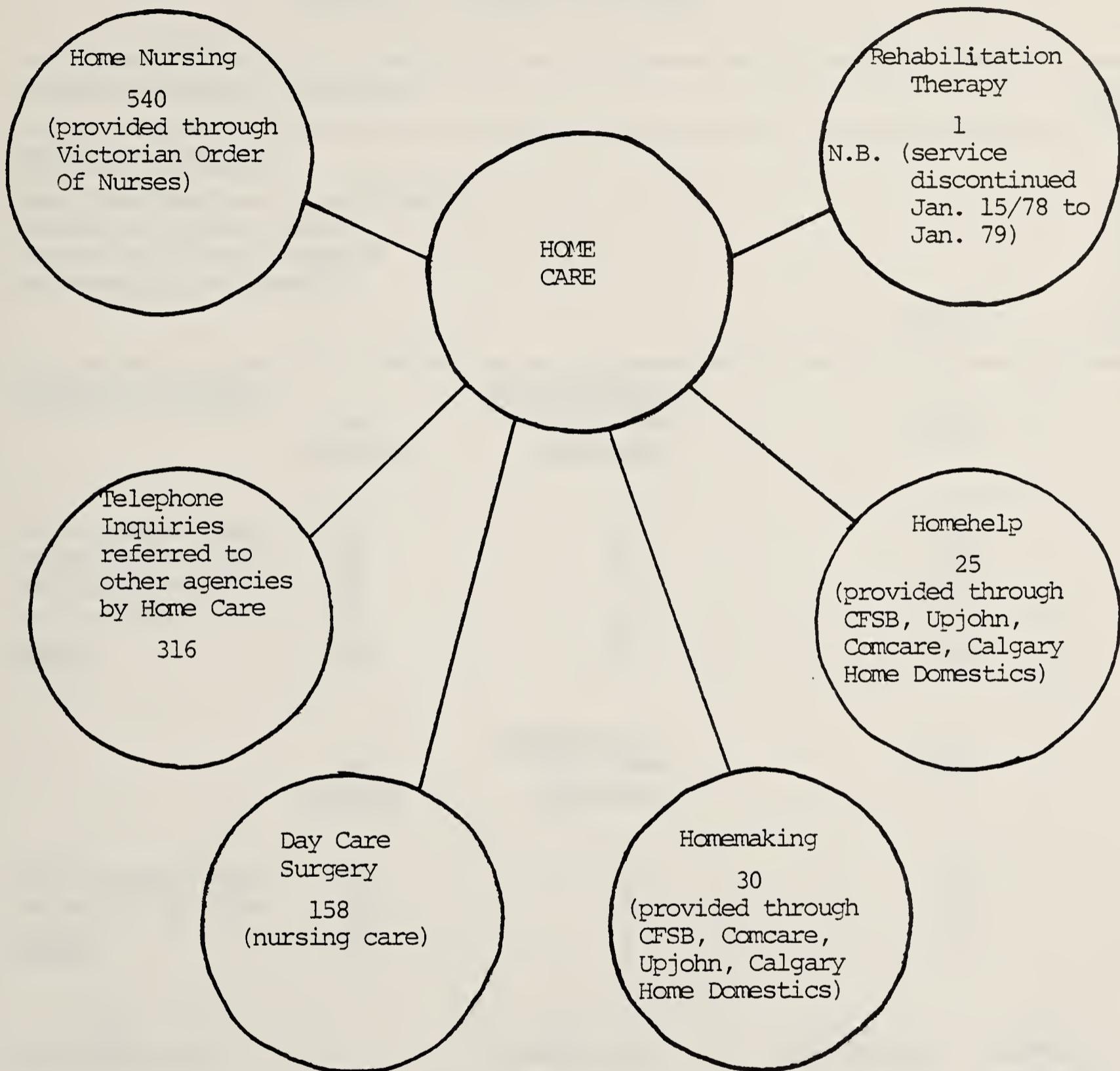
Admissions to the Program were curtailed throughout most of the year owing to uncertainty surrounding the announcement of a date for expansion of the program and increase in budget. The major allocation of staff time was devoted to planning for this expansion. From January to June, monthly meetings were held with the new provincial Home Care Directorate regarding implementation of the new provincial record system for Home Care and the new user fee schedule which were both implemented July 1, 1979.

Rehabilitation service terminated in January with the resignation of our Physiotherapist. Following this a great deal of administrative time and effort was spent in negotiation of a contract for provision of expanded rehabilitation services with Calgary Auxiliary Hospital and Nursing Home District #7. This was finalized in December. Staff members attended several seminars throughout the year focusing on trends in geriatric care. These were of consistently high quality and very helpful in planning for a large input of elderly patients who will almost certainly require continuous care. The Home Care Co-Ordinator attended the first conference of Co-Ordinators of Home Care Programs in Alberta in September and then another in December. She also gave a seminar on expansion of Home Care Services to fourth year nursing students at the University of Calgary.



PROVISION OF SERVICE

A Coordinated Home Care Program is a centrally administered program in the community which arranges for and coordinates the use of both medically and socially orientated home-delivered services obtained from community resources in order to meet the needs of selected persons in their own homes by preventing, delaying, or shortening institutional care. In 1978, 724 patients were referred to the Home Care Program.

SUMMARY

A summary of the year's activities is presented in the following statistical report. The administration of the Program wishes to express its sincere gratitude to those concerned citizens who gave freely of their time throughout the year to assist in planning for the expansion of the Program. We would also like to indicate our deep appreciation to Dr. Hosking and members of the Local Board of Health for their unfailing support and advice throughout what we hope will be our most difficult year.

Respectfully submitted,

J. Brock Dundas, M.D., Medical Director

G. Dawn Wigmore, C.H.N., Co-Ordinator

CALGARY HOME CARE PROGRAM
STATISTICAL REPORT

January 1 - December 31, 1978

Number of patient's referred 724

PATIENT'S REJECTED:

Home Care Services not required	7
Patient or family refused	3
Institutional care required	2
Deceased before admission	1
	TOTAL: 13

PATIENT'S ADMITTED:

	<u>New Admissions</u>		<u>TOTAL</u>
	<u>One Service</u>	<u>Two or More Services</u>	
Acute General Hosp.	416	35	451
Patient's own home	58	22	80
Day Care Surgery	158	0	158
Day Hospital	<u>1</u>	<u>0</u>	<u>1</u>
TOTAL:	633	+	57
		=	690

	<u>Readmissions</u>		<u>TOTAL</u>
	<u>One Service</u>	<u>Two or More Services</u>	
Acute General Hosp.	14	2	16
Patient's Own Home	<u>5</u>	<u>0</u>	<u>5</u>
TOTAL:	19	+	2
		=	21

690 (New Admissions) + 21 (Readmissions) + 13 (Rejections) = 724 (Number of patient's referred)

PATIENT'S DISCHARGED:

Patient independent of care	530
Needs only one service (non-medical)	5
Acute Hospital care required	70
Nursing Home Care required	2
Patient deceased	13
Moved from Home Care area	6
Day Hospitals	1
Referred to C.H.N.	24
Patient refused service	1
Home Care Services no longer required	5
	TOTAL: 657

HEALTH EDUCATION

INTRODUCTION

The term *Health Education* has a number of meanings. In its broadest interpretation, Health Education concerns all those experiences of an individual, group or community that influence beliefs, attitudes and behavior with respect to health. It includes the processes and efforts of producing change when this is necessary for optimal health. This all-inclusive concept of Health Education recognizes that many experiences, both positive and negative, have an impact on what an individual, group or community thinks, feels and does about health. It does not restrict Health Education to those situations in which health activities are planned or formal. In the more limited meaning, health education usually implies the planned or formal efforts to stimulate or provide experiences at times, in ways, and through situations leading to the development of health knowledge, attitudes and behavior that are most conducive to the attainment of individual, group or community health.¹

Teaching and talking can no longer be considered to be synonymous. New educational methods clearly place added responsibility on those purporting to teach health. As part of this responsibility, new techniques are required which place teacher and learner on an equal footing in that both must learn to use varied approaches to the teaching-learning process. This necessitates diversified activity. The health educator must always be aware that whatever he does, whatever task he is involved in, it is always with the purpose of producing change - change in knowledge, change in skills, change in behavior - leading to improved health.

1. Paraphrased from: Report of the World Health Organization, Expert Committee on Planning and Evaluation of Health Education Services, WHO Technical Report Series No.409, Geneva, 1969.

As local Board staff become more articulate in the ways and means of teaching and/or promoting health, I see the health educator becoming more and more a "field explorer". As a field explorer, I anticipate the health educator locating more common articulated community needs and providing the impetus to network local talent to focus in on a problem. This is, perhaps, the real challenge of health education for the future.

PERIOD COVERED BY THIS REPORT

This report covers the period from January 2nd, 1978 through and including December 31, 1978. In March, 1977, the position of Health Educator became a full-time, established Board position. However, no budgetary resources accompanied the establishment of this position. For this reason, the main emphasis of the program was placed on the provision of professional back-up for district professional staff. Secondary emphasis was placed on the promotion of Board programs to the Calgary community.

STATEMENT OF PURPOSE

The Health Educator offers assistance and support to Health professionals in the areas of program development and health promotion.

OBJECTIVES:

1. To assist district staff in the production of sound educational programs and/or materials to support their programs.
2. To assist district staff in the evaluation of educational programs and/or program components.
3. To assist district staff to become aware of other programs and/or resources within the district.
4. To assist district staff in becoming better utilizers of educational media.
5. To assist district staff in promoting Board programs.

KEY RESULT AREAS

OBJECTIVE: TO ASSIST STAFF IN THE PRODUCTION OF EDUCATIONAL MATERIALS TO SUPPORT THEIR PROGRAMS.

MAJOR PROJECTS

1. Co-Development of a slide-tape presentation on NUTRITION FOR THE ELDERLY.

This project was initiated by non-annualized funding provided by the Province. It involved the co-operative efforts of the Board's nutritionist, a team of Community Health Nurses and the Health Educator. It soon became apparent that the funds allocated by the Province to this project were not sufficient. Few people have an appreciation for the cost of such an item. A project proposal was drafted and submitted to ACCESS requesting their assistance with this production. This proposal was accepted in June of 1978 and should be completed by October, 1979. The cost, which has been largely picked up by ACCESS, is in excess of \$30,000.00

2. Development of Education Modules to Support Nursing School Programs.

Two education modules were produced on the general theme of Hygiene. These were:

- (a) a Personal Hygiene module for grade 5
- (b) a module on Germs for grade 6

Both modules involved the input of a team of nurses from various district offices. At present, the modules are being field tested. Following this, they will be revised, professionally illustrated and reprinted with the aid of funds provided by the Province.

3. Production of a 16 mm film on SCOLIOSIS SCREENING

When the Board undertook to conduct a trial program on screening for Idiopathic, adolescent Scoliosis, it soon became apparent that there were no adequate film resources which were suitable to introduce this procedure to parents, students and teachers. A proposal was made to the Calgary Jay Cees for funding to make a suitable film. The Jay Cees offered partial funding but not enough to carry the project. A proposal was submitted to ACCESS (and was subsequently accepted). The completion date for the film is tentatively set for late 1979.

4. Organization of a *HEALTH EDUCATION* week

This project was primarily initiated and organized by one of the community health nurses in conjunction with a school principal. The health educator assisted in providing some topics for inclusion and in the evaluation of the project. This project could only be described as being "highly successful". The project involved the cancellation of the regular school curriculum for a period of one week. Students attended classes as usual but were presented with an array of health topics ranging from *TOUGH GUYS DRINK FROM DIRTY GLASSES* to *HOW TO COPE WITH STRESS*.

MINOR PROJECTS

1. Production of materials to support programs. Five noteworthy items were completed:
 - (1) a pamphlet to be used with the professional community (physicians, social workers etc.) to enable them to better understand the role of the community health nurse.
 - (2) a form to be used by school teaching staff(s) in the school situation to give staff an idea of things which might constitute a reason for referring a student to the nurse.
 - (3) production of head circumference charts for both boys and girls. (These have now become integral parts of the nursing manuals.)
 - (4) a tripartate form used in conjunction with the Scoliosis screening trial.
 - (5) a computerized form used in conjunction with the measles study.
2. Production of 10 nursing in-service agendas.
3. Production of approximately 400 overhead transparencies
4. Production of posters to support a variety of district programs.

KEY RESULT AREAS

OBJECTIVE: TO ASSIST DISTRICT STAFF IN THE EVALUATION OF THEIR PROGRAM(S) OR PROGRAM COMPONENTS.

1. EVALUATION OF THE FOUR DAY WORK WEEK EXPERIMENT.

During 1978, two district clinics were involved in an experiment with a modified work week. A comprehensive evaluation of this experiment was designed and implemented. Assistance was provided by the Faculty of Medicine.

2. EVALUATION OF THE REGULAR MONTHLY NURSING IN-SERVICE

Each of the 10 monthly nursing in-service sessions were evaluated by the nurses attending. These evaluations are then tabulated and the results made available to the nursing education committee for use in planning future programs.

OBJECTIVE: TO ASSIST DISTRICT STAFF TO BECOME AWARE OF PROGRAMS AND RESOURCES WHICH ARE BEING USED IN OTHER PARTS OF THE DISTRICT.

1. PRODUCTION OF AN IN HOUSE STAFF NEWSLETTER

A quarterly newsletter is put out in an attempt to inform all district staff of the happenings in other parts of the district. It is an attempt to share resources and program ideas.

2. INSERVICING OF THE PAMPHLET ORGANIZATIONAL SYSTEM

In 1977 a pamphlet organizational system was designed in co-operation with nursing administration. During 1978, each of the district clinics were thoroughly inserviced as to how to use and maintain the system.

OBJECTIVE: TO ASSIST DISTRICT STAFF TO BECOME BETTER USERS OF MEDIA.

1. EQUIPMENT OPERATION MINICOURSE

A minicourse in the operation of audiovisual equipment was offered. Six of the districts took this course. It was an overall view of all equipment with special emphasis on the 16 mm projector. The course was offered as a method of reducing the cost of film maintenance.

2. PRODUCTION OF A GUIDE TEACHING TIPS FOR NURSES

This guide was prepared as the handout for a nursing inservice entitled *Practical Tips on Teaching* which was given by the Health Educator. The guide covers such topics as the utilization of various media, principles of instructional designing, the writing of instructional objectives, and steps for the local production of simple instructional materials. (Requests for this manual have been received from all over the Province.)

3. PROPOSED INSERVICE ON THE PRODUCTION OF INSTRUCTIONAL MATERIALS

The groundwork has been laid for the production (and delivery) of an inservice on the preparation of simple instructional materials (posters and transparencies). It is hoped to offer this course in the fall of 1979.

OBJECTIVE: TO ASSIST DISTRICT STAFF IN THE PROMOTION OF BOARD PROGRAMS.

1. PRODUCTION OF PROMOTIONAL MATERIALS

- A. ILLUSTRATED ANNUAL REPORT - For the second year an ILLUSTRATED ANNUAL REPORT has been produced. This four page tabloid production depicts Board programs and activities. Sixty thousand copies were produced and distributed to Calgary schools, community organizations and at display booths.
- B. A small illustrated insert was prepared to be delivered along with the City of Calgary electric bills. All Calgarians who have their electricity bill delivered should have received a copy of this publication.
- C. A second brochure was designed to be used with NEW ARRIVALS to Calgary. This brochure is distributed by the Calgary Welcome Wagon.

2. ORGANIZED DISPLAYS

Three displays were organized over the past year. All were done in co-operation with district staff and all were held in mall settings. It is extremely difficult to evaluate something of this nature but if exposure is any indication of success, these displays were effective.

3. ORIENTATIONS TO UNIVERSITY OF CALGARY MEDICAL STUDENTS

Over the past year, two full days were spent with students in their final year of medicine at the University of Calgary. Additional time was spent with students from Mount Royal College and S.A.I.T.

CALGARY LOCAL BOARD OF HEALTH
 STATEMENT OF INCOME AND EXPENDITURE
 FOR THE YEAR ENDED 31/3/79

	<u>BUDGET</u>	<u>ACTUAL</u>	<u>(OVERSPENT)</u>
<u>EXPENDITURE</u>			
Administration	949,820.00	993,553.21	(43,733.21)
Nutrition	25,670.00	25,952.16	(282.16)
Family Planning Clinic	45,770.00	76,918.94	(31,148.94)
Focus: Family Planning	45,030.00	44,902.32	127.68
Nursing Services	2,525,475.00	2,552,015.01	(26,540.01)
Dental Services	597,540.00	587,348.03	10,191.97
Inspection Services	554,220.00	570,908.79	(16,688.79)
Laboratory Services	58,270.00	72,683.80	(14,413.80)
Home Care Program	426,200.00	345,438.97	80,761.03
 TOTAL	 5,227,995.00	 5,269,721.23	 (41,726.23)
<u>INCOME (OPERATING)</u>			
Provincial Government Operating Grant		(5,228,010.00)	
Non-Annualized Provincial Government Operating Funds		(43,033.00)	
 (Surplus)/Deficit From Operations	 (5,271,043.00)	 (1,321.77)	
<u>INCOME (OTHER)</u>			
INTEREST INCOME		(72,989.00)	
Contribution to Board Discretionary Fund		72,989.00	
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